

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20026**
2739

FILED JUL 7 - 1951

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>6 Mos.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>518 Wabash Ave.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lester</u> b. (Middle) <u>Dea</u> c. (Last) <u>Adams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 27 1951</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Oct. 19 1888</u>	
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>			11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Javis Adams</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Spurgeon</u>			14. NAME OF HUSBAND OR WIFE <u>Bernice Adams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Clifford Adams</u> ADDRESS <u>Kansas City, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular Renal Syndrome - H</u> DUE TO (c) <u>Chronic Interstitial Nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malignant Hypertension</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>1 yr</u> <u>2 1/2 yr.</u> <u>8 mos</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Feb</u> , 19 <u>50</u> , to <u>June 27, 1951</u> , that I last saw the deceased alive on <u>June 27, 1951</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Maurice M. Geraghty</u> (Degree or title) _____				23b. ADDRESS <u>02 6045 Truman Rd N.C.</u>		23c. DATE SIGNED <u>6/27/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 29 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic-Odd Fellows</u>		24d. LOCATION (City, town, or county) (State) <u>Vallejo, California</u>	
DATE REC'D BY LOCAL REG. <u>6-28-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. C.L. Forster</u> ADDRESS <u>Kansas City, Missouri</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATE OF MISSOURI
DEPARTMENT OF HEALTH
BUREAU OF HEALTH
DIVISION OF ANATOMY
AND EMBALMING

NO. 1001

NAME OF DECEASED

AGE

SEX

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

LOCALITY OF DEATH

RESIDENCE OF DECEASED

RESIDENCE OF EMBALMER

DATE OF EMBALMING

PLACE OF EMBALMING

NAME OF EMBALMER

ADDRESS OF EMBALMER

CITY OF EMBALMER

STATE OF EMBALMER

POST OFFICE OF EMBALMER

DATE OF EXAMINATION

PLACE OF EXAMINATION

NAME OF EXAMINER

ADDRESS OF EXAMINER

CITY OF EXAMINER

STATE OF EXAMINER

POST OFFICE OF EXAMINER

DATE OF ISSUANCE

PLACE OF ISSUANCE

NAME OF ISSUING OFFICER

ADDRESS OF ISSUING OFFICER

CITY OF ISSUING OFFICER

STATE OF ISSUING OFFICER

POST OFFICE OF ISSUING OFFICER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *Len Clark*
.....
Licensed Embalmer No. *4216*
.....
P. O. Address *K. C. MO*
.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.