

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20451

FILED JUN 19 1951

State File No. 197

BIRTH NO. _____ REG. DIST. NO. 186 PRIMARY REG. DIST. NO. 3026 Registrar's No. 197

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence 0485	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium		d. STREET ADDRESS (If rural, give location) 9904 Winner Road 0	

3. NAME OF DECEASED (Type or Print) a. (First) Aggie	b. (Middle)	c. (Last) Adams	4. DATE OF DEATH (Month) (Day) (Year) May 24, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 29, 1881	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Days 25	Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cameron, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME DeLaVergna	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Walter
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Sanford L. Fisher, Somerville, Massachusetts	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH 24 hrs
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute pulmonary edema	DUE TO (b) Hypertensive cardiovascular disease with Arricular fibrillation.		years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? /
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22. I hereby certify that I attended the deceased from 5/11, 1951, to 5/24, 1951, that I last saw the deceased alive on 5/24, 1951, and that death occurred at 1:20P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Vance E. Link, M.D.	23b. ADDRESS Independence, Mo	23c. DATE SIGNED 5/25/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE - 5/27/51	24c. NAME OF CEMETERY OR CREMATORY Thayer Cemetery	24d. LOCATION (City, town, or county) (State) Thayer, Missouri
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DATE REC'D BY LOCAL REG. May 26 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Roland R. Speaks, Independence, Mo.	ADDRESS 354
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 18 RECD

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 _____
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Roland R. Speaks

Licensed Embalmer No. 3604

P. O. Address Independence, Missouri

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.