

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **22064**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 804

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Buchanan</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>10 Min.</u>		d. STREET ADDRESS (If rural, give location) <u>923 Prospect</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute Methodist Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>ROLAND</u> b. (Middle) <u>B</u> c. (Last) <u>ADAMS Jr</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>July 26 1951</u>		
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Never Married</u>	
<b>8. DATE OF BIRTH</b> <u>Aug. 25, 1949</u>		<b>9. AGE</b> (In years last birthday) <u>2</u>		<b>10. KIND OF BUSINESS OR INDUSTRY</b> <u>None</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>None</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>St. Joseph, Missouri</u>		<b>12. CITIZENSHIP OF WHAT COUNTRY?</b> <u>U S A</u>	

<b>13a. FATHER'S NAME</b> <u>Roland B. Adams</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Virginia Owens</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>---</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mr. Roland B. Adams Sr.</u>	
				<b>ADDRESS</b> <u>923 Prospect Ave.</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b>		<u>Multiple Fractures of the skull, loss of brain substance and fatal hemorrhage</u>		<u>8300</u>	
<b>ANTECEDENT CAUSES</b>		<b>DUE TO (a)</b> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		<u>25</u>	
		<b>DUE TO (c)</b> <u>Child was killed when he fell under the wheel of a truck driven by his father.</u>		<u>1 day</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b>		<b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		<u>Child was killed when he fell under the wheel of a truck driven by his father.</u>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>Accident</u>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home of Grand Parent</u>		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>St. Joseph Buchanan Mo.</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>July 26 1951 5:30 P.</u>		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <u>Child fell under rear wheel of truck.</u>	

22. I hereby certify that I attended the deceased ~~from~~ on 7/26, 1951, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>H. F. Mundy M.D. (Coroner)</u>		<b>23b. ADDRESS</b> <u>St. Joseph Mo.</u>		<b>23c. DATE SIGNED</b> <u>7/26/51</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>July 28, 1951</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Ashland Cemetery</u>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Joseph, Missouri</u>	

<b>DATE REC'D BY LOCAL REG.</b> <u>July 31, 1951</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Care C. [Signature]</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>	
				<b>ADDRESS</b> <u>2335 St. Joseph Ave.</u>	

(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10-48  
117  
3  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.

Signed..... *Elmer Thomas* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *2640*

P. O. Address *St. Joseph, 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.