

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

30712

State File No. \_\_\_\_\_  
 Registrar's No. 1530

FILED SEP 26 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 6-654

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miller Lincoln</u>		c. LENGTH OF STAY (in this place) <u>Native</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miller Lincoln</u>		d. STREET ADDRESS (If rural, give location) <u>R. 9. 10.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nes.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Perry</u> b. (Middle) <u>Flem</u> c. (Last) <u>Adcock</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-29-1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-19-1886</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Lawrence Co.</u>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>John W. Adcock</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Haines</u>		14. NAME OF HUSBAND OR WIFE <u>Edith Adcock Miller</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 ADDRESS <u>Mrs. Edith Adcock Miller 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <u>592X</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)	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>5-30</u> , 19 <u>51</u> , to <u>5-29</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-2</u> , 19 <u>51</u> , and that death occurred at <u>10:4</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W. S. Brandy M.D.</u>		23b. ADDRESS <u>Miller, Mo.</u>		23c. DATE SIGNED <u>8-31-51</u>	
24a. BURIAL, CREMATION-REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/31-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shilo</u>	24d. LOCATION (City, town, or county) (State) <u>N.E. of Miller Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-31-51</u>	REGISTRAR'S SIGNATURE <u>W. S. Brandy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morris - Leiman Miller Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

0557

DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED

SEP 18 1951

Dist. File

Date Filed

9-11-51  
9-19-51

100-2-21-51

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 L. R. Leunion

Licensed Embalmer No. 3297

P. O. Address Miller 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.