

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37724

State File No. _____

No. 300

10. 48

MAILED NOV 29 1951

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| BIRTH NO. _____ | | REG. DIST. NO. <u>146</u> | | PRIMARY REG. DIST. NO. <u>4238</u> | | Registrar's No. <u>410</u> | | | |
| 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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buckner</u> | | c. LENGTH OF STAY (In this place) <u>75 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buckner Rural Rt 1</u> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>His home</u> | | | | d. STREET ADDRESS (If rural, give location) <u>SE of Town 4 miles. Ft Osage</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | a. (First) <u>Emmett</u> | | | b. (Middle) <u>M. Adams</u> | | | |
| | | | c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4. 1951</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | | 8. DATE OF BIRTH <u>June 19 1876</u> | | | |
| | | | | | | 9. AGE (In years) (Month) (Day) (Year) <u>75</u> <u>5</u> <u>16</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 <u>his own farm</u> | | | 11. BIRTHPLACE (State or foreign country) <u>This farm Buckner, Mo.</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY? | | | 13a. FATHER'S NAME <u>James M. Adams</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Anna Nottingham</u> | | | |
| | | | 14. NAME OF HUSBAND OR WIFE <u>none (KC Club)</u> | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | 16. SOCIAL SECURITY NO. <u>none</u> | | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Arthur N. Adams KC. 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion?</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) <u>4201</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | | | II. OTHER SIGNIFICANT CONDITIONS: <u>Not Previous Coronary</u> <u>Past Occlusion</u> | | | | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION: <u>Past Occlusion</u> | | | | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>natural</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson Mo.</u> | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 _____, 19____, to <u>Nov. 4. 1951</u> that I last saw the deceased alive on <u>NOV. 4., 1951</u> and that death occurred at <u>5 P.M.</u> from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Arthur N. Adams MD</u> | | | | 23b. ADDRESS <u>Kansas City Mo.</u> | | | | 23c. DATE SIGNED <u>11-6/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>Nov. 7, 51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Buckner Hill Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Buckner Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>11-7. 51</u> | | REGISTRAR'S SIGNATURE <u>Arthur N. Adams</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Vernon M. Roberts</u> | | ADDRESS <u>Buckner</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

4201

770

NOV 27 REC'D

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. 1207

working under my personal supervision.

Student
Student Embalmer

Signed

Ralph O Jones

Licensed Embalmer No. 4604

P. O. Address Buckner M.

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.