

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

No. 300 FILED FEB 25 1952

Registrar's No. 1000 200

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1000 200	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 30 yrs.		c. CITY OR TOWN St. Joseph		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 108 Clayton Street				d. STREET ADDRESS (If rural, give location) 118 E. Moose Street			
3. NAME OF DECEASED a. (First) Annie			b. (Middle) Adamson		c. (Last) Adamson		4. DATE OF DEATH 2 18 1952 (Month) (Day) (Year)
5. SEX 3 Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 8 4 1874	
9. AGE (in years last birthday) 77		10. USUAL OCCUPATION (Five kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Birmingham - Alabama		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Frank Russell		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Jessie Adamson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Etta Burton 108 Clayton			
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) Hypostatic Pneumonia ANTECEDENT CAUSES Myocarditis 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 18 hours 7 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. 4 2 2 2				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)		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 4-15, 1950, to 2-18, 1952, that I last saw the deceased alive on 12-18, 1952, and that death occurred at 11:30 A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) E. J. Gross				23b. ADDRESS 5008 Kinghill St. Joseph, Mo.		23c. DATE SIGNED 2-20-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2 21 1952		24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Mo.	
DATE REC'D BY LOCAL REG. Feb 20, 1952		REGISTRAR'S SIGNATURE Carl C. Cest		446 25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. Alexander		ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed

Wm. H. Alexander

Licensed Embalmer No.

4450

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.