

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **13411**

BIRTH NO. _____		REG. DIST. NO. <b>166</b>		PRIMARY REG. DIST. NO. <b>5605</b>		Registrar's No. <b>9</b>	
1. PLACE OF DEATH a. COUNTY <b>Johnsdn</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington Twn.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington Twn. 0511</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <b>4 miles S.W. of Knob Master</b>			
3. NAME OF DECEASED (Type or Print) <b>Dorothy</b>		a. (First) <b>Dorothy</b>		b. (Middle) <b>May</b>		c. (Last) <b>Adams</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Aug. 8, 1928</b>	
9. AGE (In years last birthday) <b>23</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>23</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>		4. DATE OF DEATH <b>May 1, 1952</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lived at home</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Johnson County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				13a. FATHER'S NAME <b>Everett E. Adams</b>		13b. MOTHER'S MAIDEN NAME <b>Stella E. Judd</b>	
14. NAME OF HUSBAND OR WIFE _____				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <b>PROB Warner</b>				ADDRESS <b>Mrs. Stella Adams, Kansas City, Mo</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sun shot wound in abdomen</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>abdomen</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	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>none</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <b>Evidence not sufficient</b>		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 <b>at request only</b> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Kelly Rawlin M.D. Coroner Johnson Co. Holden Mo</b>				23b. ADDRESS _____		23c. DATE SIGNED <b>5/4/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/3/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Adams Memorial Cem.</b>		24d. LOCATION (City, town, or county) <b>9 mi. S.W. Knob Master Mo.</b>	
DATE REC'D BY LOCAL REG. <b>May 6-52</b>		REGISTRAR'S SIGNATURE <b>Erma L Beatty</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Raymond Baker, Knob Master, Mo.</b>			

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

RECEIVED  
MAY 8 1952  
JOHNSON COUNTY HEALTH

**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

*W. Raymond Baker*

Licensed Embalmer No. *4616*

P. O. Address *Knot Mower, 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.