

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42761**

No. 300  
10.48

**FILED** JAN 1 - 1952 REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **524**

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

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marceline</b>		c. CITY (If outside Corporate limits, write RURAL and give township) OR TOWN <b>Brookfield</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Francis Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>213 W. Prairie St</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>HENRY</b> b. (Middle) <b>LAURITSEN</b> c. (Last) <b>ADAMS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec-17-1952</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>R</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>Apr-28-1918</b>
9. AGE (In years if under 1 year last birthday) Months Days Hours Min. <b>34 7 20</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Brookfield Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Wm B. Adams</b>		13b. MOTHER'S MAIDEN NAME <b>Lillian Murray</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. <b>495-01-0844</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lillian Adams Brookfield Mo</b>
<b>MEDICAL CERTIFICATION</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, asthma, etc. It means the disease, injury, or complication which caused death.			19. INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage &amp; Shock</b>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Severe nec left coronary artery</b>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <b>SHOOTING HOMICIDE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Domicile worker's tavern</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Marceline Linn Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>12 15/1952 2:20</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Deceased shot by Howard Wooley</b>	
22. I hereby certify that I attended the deceased from <b>12-16, 1952</b> to <b>12-17, 1952</b> , that I last saw the deceased alive on <b>12-17, 1952</b> , and that death occurred at <b>3:30</b> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>J. Robert W. [Signature] MD</b>		23b. ADDRESS <b>Marceline, Mo.</b>	23c. DATE SIGNED <b>12-19-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec-21-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Brookfield Mo</b>
DATE REC'D BY LOCAL REG. <b>12/20/52</b>	REGISTRAR'S SIGNATURE <b>Margaret Owen</b>	401-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. R. Blacklock Brookfield Mo.</b>

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**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 J. R. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.