FILED MAY 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17639

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 470

1. PLACE OF DEATH
a. COUNTY: Greene County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 5 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marionville 0550
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): a. (First) Homer b. (Middle) Jerry c. (Last) Adams

4. DATE OF DEATH (Month) (Day) (Year): May 15, 1953

5. SEX: Male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced 3
8. DATE OF BIRTH: July ~~25, 1891~~ 21. 1891
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 9, Days ~~30~~ — IF UNDER 24 HRS.: Hours 24, Min. da.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night watchman
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (City and State or Foreign Country): Lawrence County, Missouri C
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Cass Adams
13b. MOTHER'S MAIDEN NAME: Alice Pressnell
14. NAME OF HUSBAND OR WIFE: Dorothy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Wesley Afams, Aurora, Mo. ADDRESS

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) Coronary Thrombosis due
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) to Arteriosclerotic Coronary Thrombosis
DUE TO (c) Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH: 9 hrs

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: None 4201
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/15, 1953, *to* 5/15, 1953, *that I last saw the deceased alive on* 5/15, 1953, *and that death occurred at* 10:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William I Rau, M.D.
23b. ADDRESS: 609 Cherry, Springfield, Mo.
23c. DATE SIGNED: 5/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 17, 1953
24c. NAME OF CEMETERY OR CREMATORY: Odd Fellows Cemetery
24d. LOCATION (City, town, or county) (State): Marionville, Mo.

DATE REC'D BY LOCAL REG.: 5-15-53
REGISTRAR'S SIGNATURE: Edith Williamson County Registrar
25. FUNERAL DIRECTOR'S SIGNATURE: J B Surridge ADDRESS: Marionville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Cam. by app
5-15-53

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 Herman Gurrid

Licensed Embalmer No. 3072

P. O. Address Marionville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Lawrence }

State File No. 17639

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 470

On this 19 day of May, 1953, before me appears Mr Wesley Adams, who, upon his oath, states that the original record of ~~birth~~ death for Homer Jerry Adams, ~~born~~ died May 15, 1953, in the State of Missouri, and which was filed at Springfield Mo on 5/15, 1953, should be corrected as follows:

Item No. 8 should read July 21 1891

Instead of July 25 1881

Item No. 9 should read 61-Yrs 9 Mo 25 Days

Instead of 71 yrs 9mo 24 days

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Wesley Adams Nephew
Relationship.

Aurora Mo.
Present Address.

Subscribed and sworn to before me this 19th day of May, 1953.

My Commission expires Jan. 30, 1957. John T. Dickinson Notary Public.

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