

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21374**

BIRTH NO. _____ REG. DIST. NO. 135 PRIMARY REG. DIST. NO. 4210 Registrar's No. 5521

0410

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

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY OR TOWN <u>Ridgeway</u>		c. CITY OR TOWN <u>Ridgeway</u> <u>0410</u>	
c. LENGTH OF STAY (in this place) <u>23 yrs.</u>		d. STREET ADDRESS <u>MAIN ST</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>LESTER</u> c. (Last) <u>ADAMS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 5, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 18, 1892</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>61</u> <u>5</u> <u>17</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer - retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Food Market</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Worth County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles M. Adams</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel Ellen McCord</u>	14. NAME OF WIDOW OR WIFE <u>Della Adams</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Della Adams</u>	ADDRESS <u>Ridgeway, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver & pancreas</u>		
	ANTECEDENT CAUSES 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.			

19a. DATE OF OPERATION <u>Apr. 27, 1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of liver and pancreas 1561</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 30, 1953, to July 5, 1953, that I last saw the deceased alive on July 5, 1953, and that death occurred at 8:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lella Brewer M.D.</u>	23b. ADDRESS <u>Ridgeway, Mo.</u>	23c. DATE SIGNED <u>July 7, '53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/7/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridgeway Cemetary</u>	24d. LOCATION (City, town, or county) (State) <u>Ridgeway, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 7, 1953</u>	REGISTRAR'S SIGNATURE <u>Lella Brewer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark L. Booth</u>	ADDRESS <u>Anthony, Mo.</u>
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JUL 15 1953

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 Clark L. Goutch

Licensed Embalmer No. 4831

P. O. Address Bethany, 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.