

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15093

BIRTH NO.		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 149	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY Callaway		b. CITY (If outside corporate limits, write RURAL and give OR TOWN FULTON		c. LENGTH OF STAY (in this place) 4 DAY		a. STATE MISSOURI b. COUNTY Callaway	
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Hospital				e. STREET ADDRESS (If rural, give location) 306 RAUINE ST			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) WILLIAM		b. (Middle) MATHEW		c. (Last) ADAMS		JUNE 9, 1954	
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MAR 21, 1878		9. AGE (In years last birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (City and State or Foreign Country) CRAWFORD COUNTY MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JAMES ADAMS		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE AK			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME Mrs. S. L. Baldwin			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal Malnutrition (b) Probably Primary Liver				4 mo	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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. Cardiac decompensation					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 155X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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		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 10:50, to June 9, 1954, that I last saw the deceased alive on June 7, 1954, and that death occurred at 8:35 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) S. L. Baldwin M.D.				23b. ADDRESS 1110		23c. DATE SIGNED 6-10-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE June 11, 1954		24c. NAME OF CEMETERY OR CREMATORY MOKANE CEM.		24d. LOCATION (City, town, or county) (State) MOKANE MO	
DATE REC'D BY LOCAL REG. June-11-1954		REGISTRAR'S SIGNATURE 429 Martha Lawrence		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mangan Funeral Home Fulton Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

DEC 5 1962

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.....
Signature of Student Embalmer

Signed *Henry H Stewart*

Licensed Embalmer No. 372

P. O. Address *Fuller St*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.