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

FILED JUN 9 1954

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 15708  
 2301

|   |  |   |  |   |  |   |   |
|---|--|---|--|---|--|---|---|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>   |  | PRIMARY REG. DIST. NO. <u>1002</u>  |  | Registrar's No. _____   |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>   |  |   |   |
| b. CITY OR TOWN <u>Kansas City</u>  |  | c. LENGTH OF STAY (in this place) <u>10 yrs</u>   |  | c. CITY OR TOWN <u>Kansas City</u>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>103 W 9th</u>  |  |   |  | e. STREET ADDRESS (If rural, give location) <u>12 103 W 9th 3120</u>  |  |   |   |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Abdul</u> b. (Middle) _____ c. (Last) <u>Adams</u>   |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>5-13-54</u> |   |  |   |   |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>9</u>   |  | 8. DATE OF BIRTH _____  |   |
| 9. AGE (In years last birthday) <u>85</u>   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____   |  | 10b. KIND OF BUSINESS OR INDUSTRY _____   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>9</u>   |   |
| 12. CITIZEN OF WHAT COUNTRY? _____  |  | 13a. FATHER'S NAME _____  |  | 13b. MOTHER'S MAIDEN NAME _____   |  | 14. NAME OF HUSBAND OR WIFE _____   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____   |  | 16. SOCIAL SECURITY NO. _____   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Coroner office</u> ADDRESS _____   |  |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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. MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of death unknown</u><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>7955</u> |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION <u>No Relatives</u>  |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                       |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____   |  | 21f. HOW DID INJURY OCCUR? _____  |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 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 <u>Hugh H. Owens</u> (Degree or title) _____   |  |   | 23b. ADDRESS <u>1034 Paulto Bldg</u>                 |   |  | 23c. DATE SIGNED <u>5-21-54</u>   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>  |  | 24b. DATE <u>5-24-54</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cem</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>W. Kansas</u>  |   |
| DATE REC'D BY LOCAL REG. <u>5-22-54</u>   |  | REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Koster</u> ADDRESS <u>K.C. Mo.</u>  |  |   |   |

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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.....  
Signature of Student Embalmer

Signed..... 

Licensed Embalmer No. ....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.