

FILED JUN 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19513**

BIRTH NO. _____ REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **5655** Registrar's No. **98**

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon		c. CITY OR TOWN Industrial City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 105 1/2 days		STREET ADDRESS (If rural, give location) P. O. Box 132	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. State Sanatorium		8110	

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) H.	c. (Last) Adams	4. DATE OF DEATH (Month) (Day) (Year) June 26, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 21, 1897	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cab driver	10b. KIND OF BUSINESS OR INDUSTRY Taxi	11. BIRTHPLACE (City and State or Foreign Country) Michigan	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME Mary Revord	14. NAME OF HUSBAND OR WIFE Mabel M. Adams
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME San records, Mo. S.S., Mt. Vernon, Mo.	ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema, secondary to right sided heart failure		
	ANTECEDENT CAUSES MORIBUND 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **3-13-** 19**54**, to **6-26-** 19**54**, that I last saw the deceased alive on **6-26-** 19**54**, and that death occurred at **6:40p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. Brasher M.D.	23b. ADDRESS Mt. Vernon, Missouri	23c. DATE SIGNED 6-26-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-26-54	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. 6-26-54	REGISTRAR'S SIGNATURE Clair Hendricks	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Fossitt	ADDRESS Mt. Vernon, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 29 1954

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 ME....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed N O Loewell.....

Licensed Embalmer No. 229

P. O. Address MT. U.S.S.

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.