

FILED JUL 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19629**

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3042 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <b>Madison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Poplar Bluff</b>	
b. CITY OR TOWN <b>Fredericktown</b>	c. LENGTH OF STAY (In this place) <b>2 mos.</b>	c. CITY OR TOWN <b>Booniphan</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>205 S. Main St.</b>		d. STREET ADDRESS (If rural, give location) <b>708 Walnut</b>	

3. NAME OF DECEASED  
a. (First) **Dr. James** b. (Middle) **Edward** c. (Last) **Adamson**

4. DATE OF DEATH (Month) (Day) (Year)  
**July 2, 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **March 31, 1877** 9. AGE (In years last birthday) **77** **3** **1** **1** **1**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Physician & Surgeon**

10b. KIND OF BUSINESS OR INDUSTRY **medical doctor**

11. BIRTHPLACE (State or foreign country) **Boone County, Iowa**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Robert Adamson** 13b. MOTHER'S MAIDEN NAME **Mary Kerr** 14. NAME OF HUSBAND OR WIFE **Grace Adamson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME **L.V. Adamson** ADDRESS **Fredericktown, Mo.**

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

**MEDICAL CERTIFICATION**

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **PROBABLE ACUTE CORONARY INSUFFICIENCY** INTERVAL BETWEEN ONSET AND DEATH **2 MIN.**

ANTECEDENT CAUSES  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **ACUTE CORONARY OCCLUSION. JAN. 21, 1954**

DUE TO (c) **HYPERTENSIVE HEART DISEASE.**

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 \_\_\_\_\_ 19c. AUTOPSY? YES  NO

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 (Month) (Day) (Year) (Hour) (Min.) \_\_\_\_\_ 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 6-21, 1954 to 7-2, 1954, that I last saw the deceased alive on 7-1, 1954, and that death occurred at 7:36 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **B.A. Michaelis, M.D.** 23b. ADDRESS **135 S. Mine La Motte Fredericktown, Missouri** 23c. DATE SIGNED **7-2-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **July 6, 1954** 24c. NAME OF CEMETERY OR CREMATORY **Rose Hill Cemetery** 24d. LOCATION (City, town, or county) (State) **Shenandoah, Iowa**

DATE REC'D BY LOCAL REG. **7-2-54** REGISTRAR'S SIGNATURE **Therence Dickert '83** 25. FUNERAL DIRECTOR'S SIGNATURE **Wallace N. Fitch** ADDRESS **Poplar Bluff, Mo.**

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

0621

910  
1

FREDERICKTOWN, MO.  
RECEIVED  
JUL 6 - 1954  
RECEIVED  
FILE No. 754-41

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 Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown

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.