

FILED OCT 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33765

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4765

1. PLACE OF DEATH
a. COUNTY Jackson
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) Kansas City c. LENGTH OF STAY (In this place) Life
c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital STREET ADDRESS (If rural, give location) 1233 West 63rd St. 3878

3. NAME OF DECEASED a. (First) ARTHUR b. (Middle) N. c. (Last) ADAMS, jr. 4. DATE OF DEATH (Month) (Day) (Year) Oct. 13, 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH July 3, 1904 9. AGE (In years last birthday) 50 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer 10b. KIND OF BUSINESS OR INDUSTRY Real Estate Law 11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Arthur N. Adams 13b. MOTHER'S MAIDEN NAME Mary Lou Eaton 14. NAME OF HUSBAND OR WIFE Genevieve H. Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Genevieve Adams, 1233 W. 63, K. C., Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hepatitis DUE TO (c) Maligned Hypertension
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Constrictive Heart Failure

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. 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) m. 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 2/11/40, 19___, to 10/13/54, 19___, that I last saw the deceased alive on 10/12/54, 19___, and that death occurred at 4 a. m., from the causes and on the date stated above.

23a. SIGNATURE H. P. Boughrou (Degree or title) M.D. 23b. ADDRESS 315 W. 63rd St. Rd. K.C. Mo. 23c. DATE SIGNED 10/13/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10-15-54 24c. NAME OF CEMETERY OR CREMATORY Forest Hill 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 10-14-54 REGISTRAR'S SIGNATURE Neva Minshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C.MO.

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

Dr W F Greenham
315 Medical Bld.
Lo 7400

Exp 5:10AM

This form

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 Gerald A. Buzge

Licensed Embalmer No. 476

P. O. Address K. E. M.

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.