

FILED APR 4 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

8066

947

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Oregon					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 23 days		c. CITY OR TOWN Altos		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION La Heside Hospital				e. STREET ADDRESS (If rural, give location) Rural Rt #1 Box 32					
3. NAME OF DECEASED (Type or Print) a. (First) Elsie b. (Middle) Clara c. (Last) Adams			4. DATE OF DEATH (Month) (Day) (Year) 3 - 1 - 55						
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb 7 - 1901		9. AGE (In years last birthday) 54			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME I Sacc Wilson Lewis			13b. MOTHER'S MAIDEN NAME Mary Williams		14. NAME OF HUSBAND OR WIFE Coy Lafayette Adams				
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. none		17. INFORMANT'S SIGNATURE OR NAME E. L. Lewis ADDRESS Willard Adams 2656 Russell Blvd					
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, asphyxia, 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) Respirator & Cardiac failure				DUE TO (b) Hypertension				H28	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Renal insufficiency									
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 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 (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?					
22. I hereby certify that I attended the deceased from Feb 6, 1955, to 3-1, 1955 that I last saw the deceased alive on 3-1, 1955, and that death occurred at 9:50 p.m., from the causes and on the date stated above.									
23a. SIGNATURE A. L. Anty				23b. ADDRESS 4949 Kings Parkway		23c. DATE SIGNED 3-2-55			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-2-55		24c. NAME OF CEMETERY OR CREMATORY Shayer, Mo		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. 3-3-55		REGISTRAR'S SIGNATURE Neva Marshall			25. FUNERAL DIRECTOR'S SIGNATURE Carter Mortuary, Shayer, Mo ADDRESS By Sidmon's				

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

202-7383

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 *John R. [Signature]* Licensed Embalmer No.....
P. O. Address *Kansas*

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