

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8067**

FILED APR 14 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1231

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) **70 YEARS**
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 **General Hospital No. 1** STREET ADDRESS (If rural, give location) **1328 Cleveland St. 3249**

3. NAME OF DECEASED (Type or Print)
a. (First) **Maude** b. (Middle) **A.** c. (Last) **Adams**
4. DATE OF DEATH (Month) (Day) (Year)
3 16 1955

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **FEB-11-1895** 9. AGE (In years last birthday) **70** 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) **HOUSE WIFE** 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) **KANSAS CITY MISSOURI** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **RICHARD LYNCH** 13b. MOTHER'S MAIDEN NAME **ELEANOR UNDERWOOD** 14. NAME OF HUSBAND OR WIFE **FREDERICK JOSEPH 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 **FREDERICK JOSEPH ADAMS** ADDRESS **321 NO. BROADSIDE KANSAS CITY, MO.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Chronic pulmonary emphysema and fibrosis**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **(m-m-a)**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 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) 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 **March 12, 1955**, to **March 16, 1955**, that I last saw the deceased alive on **March 16, 1955**, and that death occurred at **2:15 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE **B. I. Burns** (Degree or title) 23b. ADDRESS **24th & Cherry** 23c. DATE SIGNED **3-16-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **CREMATION** 24b. DATE **MAR 20, 1955** 24c. NAME OF CEMETERY OR CREMATORY **D.W. NEWCOMER'S SONS** 24d. LOCATION (City, town, or county) (State) **KANSAS CITY MISSOURI**

DATE REC'D BY LOCAL REG. **3-19-55** REGISTRAR'S SIGNATURE **new minshall** 25. FUNERAL DIRECTOR'S SIGNATURE **D.H. Newcomer's Sons** ADDRESS **1331 BUSH CREEK KANSAS CITY, MO.**

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm^{NO 7}
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Robert E. Henson*

Licensed Embalmer No. *48*

P. O. Address *R. E. Mason*

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.