

FILED SEP 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25605

3807

BIRTH NO. _____		REG. DIST. NO. 393		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY NORTH 104th</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WINDWARD LAKE</u>				STREET ADDRESS (If rural, give location) <u>41 2537 TRUST 3418</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edwin</u> b. (Middle) <u>ARNOLD</u> c. (Last) <u>Adams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 29 1955</u>						
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>MAR 10, 1915</u>			
9. AGE (In years last birthday) <u>40</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Fleming MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Edward Adams</u>			13b. MOTHER'S MAIDEN NAME <u>MAE Thomas</u>			14. NAME OF HUSBAND OR WIFE <u>GLADYS Adams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>486-01-8386</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Collin Adams 1604 CYPRESS</u>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fell in Pond</u> DUE TO (c) <u>Intoxicated</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 9:29 P</u> <u>42</u>	
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Lake</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>500</u> (STATE) <u>MO.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-29-55</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Intoxicated, fell in lake</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>O. S. Pate</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>North Kansas City, Mo.</u>		23c. DATE SIGNED <u>8/30/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-31-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>South Point Cem. Arrick, Mo.</u>		24d. LOCATION (City, town, or county) (State) _____			
DATE REC'D BY LOCAL REG. <u>8-30-55</u>		REGISTRAR'S SIGNATURE <u>Meva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. W. Newcomer Iowa N.K.C. Mo.</u>					

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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 493

P. O. Address Mo. Kansas

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.