

FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30279

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. 225	
1. PLACE OF DEATH a. COUNTY nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY nodaway			
b. CITY (If outside corporate limits, write RURAL and give town) Maryville		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN Rural Burlington		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 ST. FRANCES HOSPITAL				f. STREET ADDRESS (If rural, give location) R. F. D. 0740			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas		b. (Middle) _____		c. (Last) Adams		4. DATE OF DEATH (Month) (Day) (Year) 9-11-1955	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 4-24-1926	
9. AGE (In years last birthday) 29		10. UNDER 1 YEAR Months 4		11. UNDER 1 HR. Hours 17		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Andrew Co		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James E. Adams		13b. MOTHER'S MAIDEN NAME Sarah Bell		14. NAME OF HUSBAND OR WIFE Darlene 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. Darlene Adams Burlington			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) G gunshot wound - abdomen				INTERVAL BETWEEN ONSET AND DEATH 36 hrs			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				E9190 19			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION Sept 10, 1955		19b. MAJOR FINDINGS OF OPERATION Respiration - multiple lacerations, Duodenal & liver -				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE Accident about home		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Burlington, Mo		21d. HOW DID INJURY OCCUR Accidental gun shot wound self inflicted	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept-10 1955 11 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from Sept 10 , 1955, to Sept 11 , 1955, that I last saw the deceased alive on Sept 10 , 1955, and that death occurred at 9:01 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) _____				23b. ADDRESS Maryville, Mo			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-18-1955		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove		24d. LOCATION (City, town, or county) (State) Near Whitesville Mo	
DATE REC'D BY LOCAL REG. 9-17-55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Breit Funeral Home Savannah Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

3.300
0.48

APR 30 1951

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..... *E. C. Breit*

Licensed Embalmer No. *265*

P. O. Address *Savannah*

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.