

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30531

FILED OCT 3 - 1955

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7861**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY OR TOWN Overland ^{423 Y}	
c. LENGTH OF STAY (in this place) 10 days		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 Mo. Baptist Hospital		f. STREET ADDRESS (If rural, give location) 9014-Tudor Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Crestus		b. (Middle) Cottle	
c. (Last) Adams		4. DATE OF DEATH (Month) (Day) (Year) Sept. 5, 1955	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 20, 1899	
9. AGE (In years last birthday) 56		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) Transport Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Ry. Mail Ser.	
11. BIRTHPLACE (City and State or Foreign Country) Knobel, Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Harry L. Adams		13b. MOTHER'S MAIDEN NAME Grace Cottle	
14. NAME OF HUSBAND OR WIFE Juda D. Adams			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. None	
(If yes, give year or dates of service) W.W.#1		17. INFORMANT'S SIGNATURE OR NAME Juda D. Adams ADDRESS 9014-Tudor Avenue	
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) Subacute Edema	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Chronic Pyelitis, Bilateral	
		DUE TO (c) Nephrosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Hemorrhage of Bladder	
19a. DATE OF OPERATION 26 Aug 55		19b. MAJOR FINDINGS OF OPERATION Enlarged obstructive hemorrhaging prostate	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 3 days 9 days 9 days 14 days	
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) 591 X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 25 Aug 1955 , to 5 Sept 1955 , that I last saw the deceased alive on 5 Sept 1955 , and that death occurred at 6 A m., from the causes and on the date stated above.			
23a. SIGNATURE W. H. Burford, M.D. (Degree or title)		23b. ADDRESS 958 Oracle Bldg.	
23c. DATE SIGNED 7 Sept 55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-7-1955	
24c. NAME OF CEMETERY OR CREMATORY St. Francis Memorial		24d. LOCATION (City, town, or county) (State) Flat River, Mo. via Motor	
DATE REC'D BY LOCAL REG. SEP 7 1955		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Burford ADDRESS 2504-Woodson Rd-Overland-14-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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Carroll F. Mueller*.....

Licensed Embalmer No. *303*.....

P. O. Address *Overland*.....

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.