

32232

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 14 1955

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 1185
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ..a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 51 years	c. CITY OR TOWN St. Joseph	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 Mercy Hospital		e. STREET ADDRESS (If rural, give location) 1205 Jule St. 011/5		
3. NAME OF DECEASED (Type or Print) CHARLES		a. (First) H.	c. (Last) ADAMS	4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1955
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 15, 1881	9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. reporter		10b. KIND OF BUSINESS OR INDUSTRY Daily Newspaper Co.	11. BIRTHPLACE (City and State or Foreign Country) Hawkeye, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Adams		13b. MOTHER'S MAIDEN NAME Mary F. Drake	14. NAME OF HUSBAND OR WIFE Mary Park 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. 491-10-2431	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harold Adams, 322 Second St, Cedar Rapids, Ia.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Anoxemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebrovascular 334X DUE TO (c) Arterio-sclerosis Senile II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral multiple INTERVAL BETWEEN ONSET AND DEATH 5 Hours 14 days ? ?		
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) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 23 1955 P.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR Fall and unable to get up.
22. I hereby certify that I attended the deceased from 10/26 1955, to 11/5/55, 19___, that I last saw the deceased alive on 11/5/55, 19___, and that death occurred at 1:25p. m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) A. M. Johnson M.D.		23b. ADDRESS 1205 Jule St St. Joseph		23c. DATE SIGNED 11/8/55
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11/8/1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Vernon Cemetery	24d. LOCATION (City, town, or county) (State) Atchison, Kansas
DATE REC'D BY LOCAL REG. Nov 9, 1955		REGISTRAR'S SIGNATURE 4:85 Esther M. Allison Weston - Bowman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

011/5

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 *James P. Hawkins*

Licensed Embalmer No. 453

P. O. Address 319 E 10th St

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.