

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **4568****260**BIRTH NO. **14172-56** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **260**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY OR TOWN <b>Independence</b>		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 <b>Northeast Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>822 W Truman Rd</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>DOUGLAS</b>		b. (Middle) <b>S</b>	c. (Last) <b>ADAMSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 18 1956</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Jan 17, 1956</b>		9. AGE (In years last birthday) <b>1</b> IF UNDER 1 YEAR Months <b>1</b> IF UNDER 11 HRS. Days <b>1</b> Hours <b>1</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Dan S Adamson</b>		13b. MOTHER'S MAIDEN NAME <b>Ethel I. Hall</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dan S Adamson</b> ADDRESS <b>822 W Truman Rd</b>		
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) <b>Cardiac Arrest</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Premature Birth</b>				
	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 <input type="checkbox"/> NO <input type="checkbox"/>
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) (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 <b>Jan 17, 1956</b> , to <b>Jan 18, 1956</b> , that I last saw the deceased alive on <b>Jan 18, 1956</b> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Name or title) <b>Maynard L. Whitstone, M.D.</b> ADDRESS <b>Independence, Mo</b>				23c. DATE SIGNED <b>1-20-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Jan 21, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hopkins Memorial Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Hopkins Missouri</b>	
DATE REC'D BY LOCAL REG. <b>1-20-56</b>		REGISTRAR'S SIGNATURE <b>Neve Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sheil Fmral Home Kansas City Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Maynard L. Whitstone0.300  
0.48

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 *Thomas A. Smith*.....

Licensed Embalmer No. *495*

P. O. Address *K. C. Mo*

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.