

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12262

State File No.

BIRTH NO. REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 5001 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>		c. CITY OR TOWN <u>Vandalia</u>	
c. LENGTH OF STAY (in this place) <u>Alley 14 hrs</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 DECEASED IN HOSPITAL OR INSTITUTION <u>Parkview Addition</u>		e. STREET ADDRESS (If rural, give location) <u>Parkview Addition</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Douglas</u> c. (Last) <u>Adderton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 13 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 20, 1893</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR: Months <u>1</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Batchtown, Illinois</u>	
12. CITIZENRY OF WHAT COUNTRY? <u>US</u>					

13a. FATHER'S NAME <u>Henry Marcus Adderton</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Elizabeth Douglas</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Jewell Adderton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-05-7614</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joe Adderton, Vandalia, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coroner's Investigation without a jury</u>		
	ANTECEDENT CAUSES <u>The deceased was found dead in his home.</u> DUE TO (b) <u>No evidence of violence or foul play</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> The evidence was that the deceased died of DUE TO (c) <u>a heart attack and kidney condition.</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Vandalia Audrain Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>	

22. I hereby certify that I attended the deceased from Coroner's Case, 1956, that I last saw the deceased while alive on April 12, 1956, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. C. Adams, M.D. Coroner Mexico, Mo. R.F. 104</u>		23b. ADDRESS <u>15-52</u>		23c. DATE SIGNED <u>April 15 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 15, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>		DATE REC'D BY LOCAL REG. <u>April 15 1956</u>			
REGISTRAR'S SIGNATURE <u>Dallas Fugua</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>William B. Waters Vandalia, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Student.....
Signature of Student Embalmer

Signed *William B. Gates*.....

Licensed Embalmer No...*4*...

P. O. Address *Dundas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.