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FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14272

State File No.

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4430 Registrar's No. 55

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u> | |
| b. CITY OR TOWN <u>Crocker, Missouri</u> | c. LENGTH OF STAY (In this place) <u>16 yrs</u> | c. CITY OR TOWN <u>Crocker, Mo</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 HOSPITAL OR INSTITUTION. <u>None.</u> | | e. STREET ADDRESS (If rural, give location) <u>None.</u> | |

| | | | | | | |
|---|--------------------------------|---|--|---|---|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ellis</u> b. (Middle) <u>Short.</u> c. (Last) <u>Adamson</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>4/ 28/ 56</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>March 14, 1892</u> | 9. AGE (In years last birthday) <u>64</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hour _____ Min. _____ |
| 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>None.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Wilburton, Oklahoma.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |

| | | |
|---|---|--|
| 13a. FATHER'S NAME <u>Peter Adamson Sr.</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Wise.</u> | 14. NAME OF HUSBAND OR WIFE <u>Blanche (Hodge) Adamson</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dated service) <u>Yes World War I</u> | 16. SOCIAL SECURITY NO. <u>485-09-0128</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Blanche Adamson Crocker, Mo</u> |

| | | | | |
|---|--|---|---|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolus</u> | DUE TO (b) <u>CHRONIC BRONCHITIS</u> | <u>8 days</u> |
| | | ANTECEDENT CAUSES | DUE TO (c) <u>3 yrs.</u> | |
| | | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/> | |

| | | |
|--|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>332X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/> | 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) <u>4-28-56 11:45</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>✓</u> |

22. I hereby certify that I attended the deceased from 10-45 to 4-28, 1956, that I last saw the deceased alive on 4-28, 1956, and that death occurred at 11:45 p.m. from the causes and on the date stated above.

| | | |
|---|---------------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>John A. Mikolovich DO</u> | 23b. ADDRESS <u>Crocker, Missouri</u> | 23c. DATE SIGNED <u>4/28/56</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4/30/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Crocker, Memorial Cemetery</u> |
| | | 24d. LOCATION (City, town, or county) (State) <u>Crocker, Mo</u> |

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|---|---|--|---|
| DATE REC'D BY LOCAL REG. <u>4-28-56</u> | REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u> | 25. FUNERAL HOME'S SIGNATURE <u>Walter Reed and Mo</u> | ADDRESS <u>Hodge Funeral Home Crocker, Mo</u> |
|---|---|--|---|

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 4-28-52
File Number

Franklin County Health Officer

RECEIVED 4-28-52

MAY 2 1952

MAY 8 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Emell C. Craig*

Licensed Embalmer No. 4

P. O. Address *Crocker*

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.