0.300
0.48

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

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20379
2342

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY IN THIS PLACE Three Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2638 Bellefontaine

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY Cook
c. CITY OR TOWN Chicago, Ill
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) X 4834 Langley 8120 8.

3. NAME OF DECEASED (Type or Print)
a. (First) Mary
b. (Middle) Athleen
c. (Last) Adams

4. DATE OF DEATH (Month) May (Day) 27 (Year) 56

5. SEX Female
6. COLOR OR RACE Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Oct-6 – 1897
9. AGE (In years last birthday) 58
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry Work
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) Glasgow, MO
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Alex Savage
13b. MOTHER'S MAIDEN NAME Eva Butner Eva Butner
14. NAME OF HUSBAND OR WIFE Harrison Adams (dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 321-22-6403
17. INFORMANT'S SIGNATURE OR NAME Verona Savage ADDRESS 2638 Bellef

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of Uterus — 174X

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Anemia — 79 days

19a. DATE OF OPERATION 4-25-56
19b. MAJOR FINDINGS OF OPERATION Exploratory Laparotomy Generalized Carcinomatosis
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb-10, 1956, *to* 5-27-, 1956 *that I last saw the deceased alive on* May 27, 1956 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE J. S. Wells MD (Degree or title) MD
23b. ADDRESS 2122-E-15th St K.C. Mo
23c. DATE SIGNED 5-28-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE May-3-1956
24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery
24d. LOCATION (City, town, or county) (State) Glasgow, Missouri

DATE REC'D BY LOCAL REG. 5-29-56
REGISTRAR'S SIGNATURE Neval Minshall
25. FUNERAL DIRECTOR'S SIGNATURE Monroe + Williams ADDRESS K. C. Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C. H. West

Licensed Embalmer No. 271

P. O. Address K. C. M

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