

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27435

STATE FILE NUMBER

FILED AUG 28 1956

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 18

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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
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1. PLACE OF DEATH a. COUNTY <u>Johnson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>USAF Whiteman, Knobnoster</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Sedalia,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Whiteman Air Force Base Hospital</u>			Length of stay in lb <u>8 hours.</u>	d. STREET ADDRESS (If outside, give location) <u>900 S. Stewart St.</u>	
3. NAME OF DECEASED (Type or print) First <u>CONNIE</u> Middle <u>JOANN</u> Last <u>ADAMS</u>			4. DATE OF DEATH Month <u>August</u> Day <u>6th.</u> Year <u>1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 11, 1956</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Month <u>5</u> Days <u>25</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>Lexington, Nebraska,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Billy C. Adams,</u>			14. MOTHER'S MAIDEN NAME <u>Rita Tingelhoff</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Mr. Billy C. Adams, Sedalia, Missouri.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u> DUE TO (b) <u>Amyotonia Congenita,</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____	7441				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from _____ to <u>8-6-1956</u> and last saw her alive on <u>8-6-1956</u> Death occurred at <u>11:17 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Jack R. Brauninger, M.D.</u>			22b. ADDRESS <u>Warrensburg, Missouri.</u>		22c. DATE SIGNED <u>8-7-1956</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal,</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>St. Ann's Cemetery,</u>		23d. LOCATION (City, town, or county) (State) <u>Lexington, Nebraska,</u>	
24. FUNERAL DIRECTOR ADDRESS <u>R.A. Brauninger, Warrensburg, Missouri.</u>			25. DATE RECD. BY LOCAL REG. <u>8/7/56</u>	26. REGISTRAR'S SIGNATURE <u>Erma L Beatty</u>	

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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. B. Bauninger
Licensed Embalmer No.....3

P. O. Address... Warren

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.