

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38676**

FILED DEC 3 1956

BIRTH NO. _____		REG. DIST. NO. 184		PRIMARY REG. DIST. NO. 4300		Registrar's No. 127	
1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a-STATE Missouri b. COUNTY Linn			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Laclede, Missouri		c. LENGTH OF STAY (in this place) 5 yrs.		c. CITY OR TOWN Laclede		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 _____				e. STREET ADDRESS (If rural, give location) 0580			
3. NAME OF DECEASED (Type or Print) a. (First) Luther			b. (Middle) Perkins		c. (Last) Adams		4. DATE OF DEATH (Month) (Day) (Year) Nov. 24, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 5, 1890		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 5 Days 19	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Keytesville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Adams			13b. MOTHER'S MAIDEN NAME Lucy Sportsman		14. NAME OF HUSBAND OR WIFE Grace Adams		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
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.		MEDICAL CERTIFICATION I. "DISEASE OR CONDITION DIRECTLY LEADING TO DEATH" (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 48 hours 7 yrs 7 yrs	
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) 331x			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 _____, 1956, to 11-24 , 1956, that I last saw the deceased alive on 11-24 , 1956, and that death occurred at 1 A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W B Simpson				23b. ADDRESS RR 2 Brookfield Mo		23c. DATE SIGNED 11-26-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Laclede Rural		24b. DATE Nov. 25, 1956		24c. NAME OF CEMETERY OR CREMATORY Laclede Cemetery		24d. LOCATION (City, town, or county) (State) Laclede, Missouri	
DATE REC'D BY LOCAL REG. 11-26-56		REGISTRAR'S SIGNATURE Katharine Johnson		25. FUNERAL DIRECTOR'S SIGNATURE J B Brothers		ADDRESS Laclede, Mo	

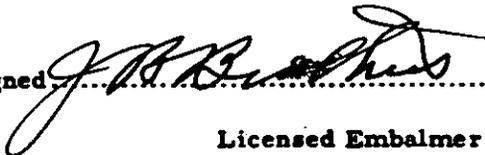
(Licensed Embalmer's Signature on Reverse Side)

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

Student.....
Signature of Student Embalmer

Signed .....
Licensed Embalmer No. 200.....

P. O. Address 2001 Jac.....

**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.**