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FILED APR 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13795
STATE FILE NUMBER

Registration District No. 17 L Primary Registration District No. 5 63 C Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Lawrence	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ozark — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Everton, Missouri 0550 0 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Everton, Mo. R.2 — Length of stay in lb 5yrs	d. STREET ADDRESS (If outside, give location) Rural Route #2 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Merle — Middle Lucy — Last Adamson

4. DATE OF DEATH: Month March — Day 27 — Year 1957

5. SEX: Female 1

6. COLOR OR RACE: white

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Nov. 6, 1903

9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months 4, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (City and state or country): Dade County D

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George T. Lewis

14. MOTHER'S MAIDEN NAME: Annie Miles

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO.: 547-34-5451

17. INFORMANT: Eddie Adamson — Address: Everton, Mo. R.2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Toxemia, Inanition and debilitation	3 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Metastatic carcinoma of lung	6 mos.
DUE TO (c)	Primary adenocarcinoma of cervix	22 mos.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 171X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. — Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 March 26, 1957, to March 27, 1957 and last saw her/him alive on March 27. Death occurred at 2:50 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Homer F. Matz, D.O. 2

22b. ADDRESS: Ash Grove, Missouri

22c. DATE SIGNED: 3-27-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Mar. 29 1957

23c. NAME OF CEMETERY OR CREMATORY: Ray Springs Cemetery

23d. LOCATION (City, town, or county): Dade County — (State) Mo.

24. FUNERAL DIRECTOR: J W Buch — ADDRESS: Ash Grove, Mo.

25. DATE RECD. BY LOCAL REG.: 4-10-57

26. REGISTRAR'S SIGNATURE: W. S. Bussey

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Securing the medical certification in the specific manner required by 193.140 MoRS 1949. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

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...Richard E. Wat

Licensed Embalmer No...46

P. O. Address Oak Gro

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.