No. 300
10.48

FILED AUG 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 027726 State File No.

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 5200 Registrar's No. 71

1. PLACE OF DEATH
a. COUNTY: CARROLL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Wakenda Twp
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Sugartree, Twp
d. STREET ADDRESS (If rural, give location): Rt. 3

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3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): LENIS
c. (Last): ADAMS

4. DATE OF DEATH (Month) (Day) (Year): 8-14-57

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct. 21, 1920
9. AGE (In years last birthday): 36 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Carroll County, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Charles Adams
13b. MOTHER'S MAIDEN NAME: Mary Adele Davis
14. NAME OF HUSBAND OR WIFE:
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.:
17. INFORMANT'S SIGNATURE OR NAME: John Adams — **ADDRESS**: Norborne, Mo

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) Drowning — 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)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): P
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Missouri River
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Wakenada Twp Carroll Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-12-57 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: 017

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Alf Goodson Jr. — (Degree or title): Sheriff
23b. ADDRESS: Carrollton, Mo.
23c. DATE SIGNED: 8-14-57
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-14-57
24c. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery
24d. LOCATION (City, town, or county) (State): 2 Mi East Norborne Moniteau Twp
DATE REC'D BY LOCAL REG.: 8/14/57
REGISTRAR'S SIGNATURE: Mrs Herbert Calvert
25. FUNERAL DIRECTOR'S SIGNATURE: John G Dellick — **ADDRESS**: Norborne Mo

(Licensed Embalmer's Statement 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 Not Embalmed, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed John G Deitch

Licensed Embalmer No. 3654

P. O. Address Marbone Mo.

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 this body is not embalmed, fact should be so stated above.