

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45354  
STATE FILE NUMBER

FILED JAN 10 1958

Registration District No. 280 Primary Registration District No. 5963 Registrar's No. 22

S. 300  
v. 1-57  
0930

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ferrelview</u> <i>Many</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Ferrelview</u> <i>0830</i> 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>Home</u>		d. STREET ADDRESS <u>None</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in lb <u>1 Year</u>			

3. NAME OF DECEASED (Type or print) First <u>Estel</u> Middle <u>Alma</u> Last <u>Adams</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>24</u> Year <u>1957</u>		
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5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr. 12, 1907</u>	9. AGE (In years last birthday) <u>50</u>	10. UNDER 1 YEAR Months <u>8</u> Days <u>12</u>	11. UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and state or country) <u>North Salem, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry Arthur</u>	13b. MOTHER'S MAIDEN NAME <u>Menerva Jones</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas B. Adams</u>
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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>4200</u>	17. INFORMANT <u>Thomas B. Adams</u> Address <u>Ferrelview, Mo.</u>
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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>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u> <u>5 yrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerotic Heart Disease</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) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) _____
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT <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 <u>Smithville, Mo.</u>	COUNTY _____	STATE _____
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21. I attended the deceased from March 11, 1957 to Dec. 24, 1957 and last saw <sup>her</sup> him alive on Dec. 24, 1957.  
Death occurred at 9:30 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Charles M. D.</u> (Degree of title)	22b. ADDRESS <u>Smithville, Mo.</u>	22c. DATE SIGNED <u>12-28-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-26-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Boston Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Linn County, Missouri</u>
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24. FUNERAL DIRECTOR <u>Larson Funeral Service</u>	ADDRESS <u>Bucklin, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 26-1957</u>	26. REGISTRAR'S SIGNATURE <u>Uphie Rollins</u>
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Donald W. Hanks* .....

Licensed Embalmer No. *4528*  
P. O. Address *Smithville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.