

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004321
STATE FILE NUMBER

FILED FEB 20 1958

Registration District No. 2 Primary Registration District No. 5012 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Whitesville</u>		c. CITY (If outside, give location) OR TOWN <u>Rural Whitesville 2028</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.F.D. Beam</u>		d. STREET ADDRESS (If outside, give location) <u>R.F.D. Beam</u>	
Length of stay in lb		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>James Eddie Adams</u>			4. DATE OF DEATH Month Day Year <u>2-9-1958</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-10-1884</u>
9. AGE (In years last birthday) <u>75</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>mo</u>	11. BIRTHPLACE (City and state or country) <u>mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andrew Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Bush</u>	
14. NAME OF HUSBAND OR WIFE <u>-</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>491-42-0540</u>		17. INFORMANT <u>Samuel Adams Elms</u> Address <u>mo</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>Cerebral Thrombosis Right Middle Cerebral Artery</u> DUE TO (b) <u>GENERALIZED CEREBRAL ARTERIOSECTOSIS</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) <u>332X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1/28/58</u> to <u>2/9/58</u> and last saw ^{bar} him alive on <u>2/9/58</u> Death occurred at <u>2:45 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Jack Baines DU 2</u> (Degree or title)		22b. ADDRESS <u>King City, MO</u>	
22c. DATE SIGNED <u>2-10-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>2-11-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	
23d. LOCATION (City, town, or county) (State) <u>Whitesville mo.</u>		24. FUNERAL DIRECTOR <u>Brait Funeral Home SAVANNAH</u> ADDRESS	
25. DATE RECD. BY LOCAL REG. <u>2-15-58</u>		26. REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature. All diseases in Part I must be causally related.

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 *E. C. Breit*

Licensed Embalmer No. *2650*
P. O. Address *Savannah*

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.