

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006882
STATE FILE NUMBER

FILED MAR 3 - 1958

Registration District No. 307 Primary Registration District No. 6046 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN O'Fallon	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN O'Fallon	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RR #2		d. STREET ADDRESS RR #2 (If outside, give location)	
Length of stay in lb 20 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) John Franklin Adams	4. DATE OF DEATH Feb. 19, 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 15, 1878	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 4 Days 4 Hours Min. 	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher	10b. KIND OF BUSINESS OR INDUSTRY School Teaching	11. BIRTHPLACE (City and state or country) Lawson, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S. & A.
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13. FATHER'S NAME George W. Adams	14. MOTHER'S MAIDEN NAME Susan Fields
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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) No	16. SOCIAL SECURITY NO. 499-122764	17. INFORMANT Mrs. Avis Adams, O'Fallon, Missouri	Address RR #2
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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) Broncho pneumonia		INTERVAL BETWEEN ONSET AND DEATH 9 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Influenza	14 days
	DUE TO (c) Arteriosclerosis	5 yrs.
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"/> 2

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.) 480X
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 	
20d. INJURY OCCURRED WHILE AT WORK <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 Wentzville, Missouri	
20g. COUNTY 	
20h. STATE 	

21. I attended the deceased from **1953** to **2/19/58** and last saw her alive on **2/18/58**
Death occurred at **3:00 A. M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wentzville, Mo.	(Degree or title)	22b. ADDRESS Wentzville, Missouri	22c. DATE SIGNED 2/19/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/22/58	23c. NAME OF CEMETERY OR CREMATORY Linn Cemetery	23d. LOCATION (City, town, or county) (State) Wentzville, Missouri
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24. FUNERAL DIRECTOR T. J. Pitman, Wentzville, Mo.	ADDRESS 	25. DATE RECD. BY LOCAL REG 2/24/1958	26. REGISTRAR'S SIGNATURE [Signature]
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public, Service
0920
300
-56
All symptoms were listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms were listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAR 7 1958

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 *Carlton J. Pitman*.....

Licensed Embalmer No. *49*.....

P. O. Address *Wentz*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.