

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043948
STATE FILE NUMBER

89297-58
FILED JAN 5 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5891

5. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chey</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Excelsior Springs</u> 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>Children's Mercy The 34th mo</u>		Length of stay in 1b. <u>600</u> STREET ADDRESS (If outside, give location) <u>Box 720</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Mary Opal</u> Middle <u>Adams</u> Last <u>Adams</u>		4. DATE OF DEATH Month <u>12</u> Day <u>13</u> Year <u>58</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12-10-1958</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>	11. BIRTHPLACE (City and state or country) <u>Excelsior Springs, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles Adams</u>	
13b. MOTHER'S MAIDEN NAME <u>Bonnie Ruth Loe</u>		13c. NAME OF HUSBAND OR WIFE <u>Child</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, list war and type of service) <u>Child</u>		16. SOCIAL SECURITY NO. <u>Child</u>	17. INFORMANT <u>Father</u> Address <u>Box 720 - Excelsior Springs 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>Pneumothorax</u> DUE TO (b) <u>Pneumonia Bronchial</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) _____			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>48 hrs.</u>
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.)	
20c. TIME OF INJURY Hour _____ 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>12-12-58</u> to <u>12-13-58</u> and last saw her alive on <u>12-13-1958</u> <input checked="" type="checkbox"/> Death occurred at <u>1:31</u> H. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Wayne Hart</u>		22b. ADDRESS <u>1710 Independence Ave K.C. Mo</u>	
22c. DATE SIGNED <u>12-13-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	
23b. DATE <u>12-14-58</u>		23c. NAME OF CEMETERY OR CREMATORY _____	
23d. LOCATION (City, town, or country) (State) <u>Excelsior Springs Mo</u>		24. FUNERAL DIRECTOR ADDRESS <u>Richard Funeral Home Inc. Excelsior Springs Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>12-13-58</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Wayne Hart

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 *Ralph T. Landingham*

Licensed Embalmer No. *4009*

Excelsior Springs 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.