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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000836

STATE FILE NUMBER

FILED FEB 9 1959

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 37

300
-57
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1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Warrenton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.		Length of stay in 1b 10 days	8. STREET ADDRESS 204 Dryden
3. NAME OF DECEASED (Type or print) First Middle Last Leland Adams			4. DATE OF DEATH Month Day Year Jan. 27, 1959
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 Oct. 10, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pressman		10b. KIND OF BUSINESS OR INDUSTRY Printing	9. AGE (In years last birthday) 65
13a. FATHER'S NAME Nathaniel Adams		13b. MOTHER'S MAIDEN NAME Annie Hamilton	14. NAME OF HUSBAND OR WIFE Clara Adams
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 490-01-3688	17. INFORMANT Mrs. Clara Adams
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Hepatitis & Pancreatitis</i> DUE TO (b) <i>Massive Ruptured-intestinal Hemorrhage - Surgery with multiple transfusions</i> DUE TO (c) <i>Anteriosclerotic-Hypertensive Heart Disease & myocardial Damage and old coronary embolism</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>2-24-54</u> to <u>1-27-59</u> and last saw him alive on <u>1-26-59</u> Death occurred at <u>10:40</u> a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Walter Evermann M.D.</i>		22b. ADDRESS <i>Warrenton Mo</i>	22c. DATE SIGNED <i>1-28-59</i>
23a. BURIAL, CREMATION, REPOYAL (Specify) Burial	23b. DATE 1-30-59	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Warrenton, Mo.
24. FUNERAL DIRECTOR F.W. Nieburg & Co., Warrenton, Mo.		25. DATE RECD. BY LOCAL REG. <i>3/3/59</i>	26. REGISTRAR'S SIGNATURE <i>J.P. Hademan</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MADE IN U.S.A.

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 John F. Hielburg Licensed Embalmer No. 3897 P. O. Address Warrenham, Mass.

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.