

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005376

STATE FILE NUMBER

FILED MAR 11 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 972

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kansas City TOWN | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Neurological Hosp. | | Length of stay in lb 1 yr. 8 days | d. STREET ADDRESS (If outside, give location) Kansas City Club Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Arthur Middle N. Last Adams | | | 4. DATE OF DEATH Month Feb. Day 21 Year 1959 | | |
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| 5. SEX Male | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 15, 1872 | 9. AGE (In years last birthday) 87 | 10. FUNDER 1 YEAR Months Days Hours Min. | 11. IF UNDER 24 HRS. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney at Law | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME James M. Adams | 13b. MOTHER'S MAIDEN NAME Annie Nottingham | 14. NAME OF HUSBAND OR WIFE Marie Louis Adams |
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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) Unknown | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address Eaton Adams Western Springs Ill. |
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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) Arteriosclerotic heart disease | | INTERVAL BETWEEN ONSET AND DEATH Unk. |
| DUE TO (b) Generalized arteriosclerosis | | |
| DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Aortic stenosis assoc. & Rheumatic heart disease, inactive. | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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. | 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 COUNTY STATE |
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| 21. I attended the deceased from Feb. 13, 1958 to Feb 21, 1959 and last saw him alive on Feb 21, 1959 Death occurred at 2:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE (Degree or title) George L. Peterson M.D. | 22b. ADDRESS 2625 W Paseo, Kansas City, Mo. | 22c. DATE SIGNED Feb 21, 1959 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 2/23/59 | 23c. NAME OF CEMETERY OR CREMATORY Forest Hill | 23d. LOCATION (City, town, or county) (State) Kansas City Mo. |
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| 24. FUNERAL DIRECTOR ADDRESS Stine & McClure K.C. Mo. | 25. DATE RECD. BY LOCAL REG. 2-21-59 | 26. REGISTRAR'S SIGNATURE Meva Marshall |
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All diseases in Part I must be causally related. George L. Peterson USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

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 *William M. Turner*

Licensed Embalmer No. *4848*
P. O. Address *Kansas City*

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.