URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-005504

FILED VS FEB 15 1960 93

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 556 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY ~~Jackson~~ Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN [redacted] Kansas City, N
Length of stay in 1b 19yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5234 Munger Rd. Conv. Home
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY Clay
c. CITY OR TOWN [redacted] Kansas City, M.
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 5234 Munger Rd.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: George Middle: Virgil Last: Adams

4. DATE OF DEATH Month, Day, Year: January 30 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ✓ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-22-1900
9. AGE (last birthday): 59
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (City and state or country): Gunn City, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Robert L. Adams
13b. MOTHER'S MAIDEN NAME: Inez Dale
14. NAME OF HUSBAND OR WIFE: Lou Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT: Guy Hines Address: 5349 Swope park Way.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Astrocytoma — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 11/27/59, to 1/30/60 and last saw ~~her~~ him alive on 1/30/60
Death occurred at 9:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. J. Cutcliff (Degree or title) MD
22b. ADDRESS 1222 McGee
22c. DATE SIGNED 1/31/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE 1-31-60
23c. NAME OF CEMETERY OR CREMATORY: Garden City Cemetery
23d. LOCATION (City, town, or county) (State): Garden City, Missouri

24. FUNERAL DIRECTOR: Sheil Funeral Home K. C. Missouri ADDRESS
25. DATE RECD. BY LOCAL REG.: 1-31-60
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Inf. DOCUMENT

2-11-60 Lou Adams 14 Inez Dale

0361

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Thomas A. Shell
Signature of Student Embalmer

Licensed Embalmer No. 4954

P. O. Address K. C. Mo

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