

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED DEC 22 1961**

**609061-044454**  
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6090

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City Missouri</u>		a. STATE <u>Kansas</u>		b. COUNTY <u>Johnson</u>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hosp. - in St. Louis Hospital</u>		Length of stay in 1b <u>1 week</u>		c. CITY OR TOWN <u>Mission Ks.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First <u>Margaret</u> Middle <u>Wilson</u> Last <u>Adams</u>		d. STREET ADDRESS (If outside, give location) <u>5132 Birch</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
4. DATE OF DEATH		Month <u>Dec</u> Day <u>3</u> Year <u>1961</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug 31 1875</u>		9. AGE (last birthday) <u>86</u>		IF UNDER 1 YEAR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife - AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>		11. BIRTHPLACE (City and state or country) <u>La Place Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bales</u>		14. NAME OF HUSBAND OR WIFE <u>Madison D. Adams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>James E. Adams</u> Address <u>5807 W 77 Terr Prairie Village Ks.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u>						<u>3 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>metastatic CANCER, involving the liver</u>						<u>6 mos.</u>	
DUE TO (c) <u>TRANSITIONAL CELL CARCINOMA of urinary bladder.</u>						<u>One Year.</u>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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 <u>7:30</u> a.m. p.m.		Month, Day, Year			
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	
21. I attended the deceased from <u>July 17, 1961</u> to <u>Dec. 3, 1961</u> and last saw <u>her</u> alive on <u>Dec. 3, 1961</u>				Death occurred at <u>7:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Joy J. Cardull, M.D.</u> (Degree or title)				22b. ADDRESS <u>6300 Glenwood; Shawnee Mission Ks.</u>		22c. DATE SIGNED <u>12-4-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Dec 6, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>La Place Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>La Place Illinois</u>	
24. FUNERAL DIRECTOR <u>R.W. Newcomers Sons</u>		ADDRESS <u>Mission Kansas</u>		25. DATE RECD. BY LOCAL REG. <u>12-5-61</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

**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

*Raymond M. Hardy*

Licensed Embalmer No. 4913

P. O. Address Indep., 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.