

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018856
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2578

FILED JUN 8 1962	
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 TOWN Kansas City	Length of stay in lb 53 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center	d. STREET ADDRESS (If outside, give location) 3626 Central
3. NAME OF DECEASED (Type or print) First Charles Middle E. Last Adams	
4. DATE OF DEATH Month May Day 10 Year 1962	
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 5-24-1878 12-15-90
9. AGE (last birthday) 72 83	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Grocery
11. BIRTHPLACE (City and state or country) Portland, Ohio	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Martin Taylor Adams	13b. MOTHER'S MAIDEN NAME Florinda Halsey
14. NAME OF HUSBAND OR WIFE Dalla J. Adams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. <input type="checkbox"/>	
17. INFORMANT Address Dalla J. Adams, 3626 Central, K. C. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalomalacia, rt. inf. ant. temporal lobe Pulmonary edema & congestion, moderate Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized atherosclerosis, severe Healed myocardial infarction, posterolateral; Left ventricular DUE TO (c) Chronic renal disease (vascular) 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"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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	
21. I attended the deceased from 4-27-62 to 5-10-62 and last saw her/him alive on 5-10-62 Death occurred at 1:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Harry C. Hall M.D.	22b. ADDRESS 751 E 63rd
22c. DATE SIGNED 5/10/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-12-62
23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
24. FUNERAL DIRECTOR ADDRESS Stine & McClure, Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 5-12-62
26. REGISTRAR'S SIGNATURE Ruth Long	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 December 15, 1890 & 72
 May 24, 1878 & 83
 DOCUMENT G. H. hosp. record 10-27-52
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OFFuneral Home
 Harry C. Hall

VS 300
 Rev. 4/59
 13068
 3488
 3
 4 0
 5 1
 6
 7 1
 8 0
 9332X
 10
 11
 12 61-0
 13

USE BLACK INK
 OR
 TYPEWRITER RIBBON

257
STBI-42-2

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 F. Swalton

Licensed Embalmer No. 2744

P. O. Address 25 C 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.