

FILED OCT 3-1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28977

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1042

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MO</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>10yrs</u>	c. CITY OR TOWN <u>St. Joseph</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Parkview Nursing Home</u> <u>3225 South 11th St.</u>		e. STREET ADDRESS (If rural, give location) <u>211 W. Colo. Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>May</u>	b. (Middle)	c. (Last) <u>Adams</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 23 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Dec. 7. 1880</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR <u>9</u> Months	IF UNDER 24 HRS. <u>16</u> Hours <u>Min.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Gowern, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Fiddler</u>	13b. MOTHER'S MAIDEN NAME <u>Man Guinn</u>	14. NAME OF HUSBAND OR WIFE <u>James Martin Adams</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Geneva Goodpaster</u>	ADDRESS <u>211 W. Colo. Ave.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION <u>St. Joseph, Mo.</u>		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Cerebral Hemorrhages</u>		<u>Unk.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>33/x</u>		<u>Unk.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9/2 1955, to 9/23, 1955, that I last saw the deceased alive on 9/22, 1955, and that death occurred at 5:45a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Collie Roundy m.d.</u>	23b. ADDRESS <u>Kirkpatrick Bldg. St. Joseph, Missouri</u>	23c. DATE SIGNED <u>9/26/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/25/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lawson Mo</u>
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DATE REC'D BY LOCAL REG. <u>Sept 30, 1955</u>	REGISTRAR'S SIGNATURE <u>Carver M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John E. Papp</u>	ADDRESS <u>St. Joseph</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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, ~~only~~ ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Allan C. Bazar*.....

Licensed Embalmer No. *479*.....

P. O. Address *St. Joseph*.....

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.