

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30943

State File No. ....

OCT 14 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5166 Registrar's No. 335

0140

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Batchelor</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Batchelor Mo</u>		d. STREET ADDRESS (If rural, give location) <u>0140</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Edward</u> c. (Last) <u>Adams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 8 52</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>-1878</u>	9. AGE (In years last birthday) <u>74</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dr.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fayette Co. Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Dr.</u>		14. NAME OF HUSBAND OR WIFE <u>Jennie</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jennie Adams wife</u>		ADDRESS <u>Batchelor Mo</u>	
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18. CAUSE OF DEATH Enter only one on each line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aortic Dilatation of Ventricle</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u> <u>years</u> <u>years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC MYOCARDITIS</u>		
	DUE TO (c) <u>Aortic Regurgitation</u>		
11. 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 house, 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)	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 Jan 15, 1950, to Oct 8, 1952, that I last saw the deceased alive on Jan 15, 1952, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James S. Helm</u> (Degree or title)	23b. ADDRESS <u>New Florence Mo</u>	23c. DATE SIGNED <u>10-9-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct. 8 '52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dr. Cowden Ill.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>Oct. 10-1952</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> 426-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace T. Son, Cowden</u>	ADDRESS
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