

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

18077

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Mo. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)
In this community All his life

8. (a) PRINT FULL NAME Donald R. Adams 352

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 13 1938
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 2 18 hr. min.

9. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Child

11. Industry or business

FATHER { 12. Name Oscar Adams
13. Birthplace Oklahoma
(City, town, or county) (State or foreign country)
MOTHER { 14. Maiden name Norma Cobb
15. Birthplace Dongola Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Oscar Adams(b) Address Cape Girardeau, Mo.17. (a) Burial (b) Date thereof 6-2-1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Fairmont Cemt.18. (a) Signature of funeral director L. L. Haman(b) Address Cape Girardeau, Mo.19. (a) 6-1-40 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 1527 North Main St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st
year 1940 hour 5 minute 30 P.M.21. I hereby certify that I attended the deceased from 5/22/40
to 5/31/40, 1940
that I last saw him alive on 5/31, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Septicemia Duration 4 days
Throat infectionDue to Throat infectionDue to 115C
Other conditions
(Include pregnancy within 3 months of death)Major findings: Strips in Cuff
Of operations Throat and Chest
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. K. Seabury (M. D. or other)
Address 209 N. Main Date signed 6/1/40

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Howard L. Haman

Licensed Embalmer No. *4122*

P. O. Address *Cape Girardeau*

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 this body is not embalmed, above space should be left blank.