

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25197

State File No.

FILED AUG 11 1943

Registration District No. 137

Primary Registration District No. 3028

Registrar's No. 137

49
3

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town LaRussell
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME ARTHUR ADAMS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Lena Adams

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July 18, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 11 28 hr. min.

9. Birthplace Springfield, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business

MOTHER FATHER { 12. Name Robert Adams

13. Birthplace X Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Harold B. Adams

(b) Address 310 Board of Trade Bldg.

17. (a) Burial (b) Date thereof 7-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harvey Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) July 17 '43 (b) Elizabeth Couplins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16,
year 1943 hour 1:47 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 23, 1943 to July 16, 1943
that I last saw him alive on July 16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial failure

Due to Left Bundle Branch Block (EKG)

Due to Possible left coronary occlusion (EKG)

Other conditions:

Major findings: Of operations 94 a

Of autopsy

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place) (c) Means of injury:

23. Signature Elizabeth Couplins (M. D. or other) MD

Address Carthage, Mo. Date signed 1943 7 17

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

48-7-637

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.....

E. Williams

Licensed Embalmer No.....

2222

P. O. Address.....

Carthage

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, fact should be so stated above.