

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

40525-A

FILED MAR 28 1946

Primary Registration District No. 5036

Registrar's No.

22

1. PLACE OF DEATH:

- (a) County Audrain
(b) City or town Rural Wilson township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution:

In this community 4 years
years, months or days

(Specify whether

3. (a) PRINT
FULL NAMEEDWARD SIMPSON ADAMS

3. (b) If veteran,
-

3. (c) Social Security

name war —No none

4. Sex
- Male

5. Color of

race White

6. (a) Single, widowed, married,

divorced Married

6. (b) Name of husband or wife
- Cordele

6. (c) Age of husband or wife if

alive 56 years

7. Birth date of deceased

July 29 - 1873
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

71 4 26

hr. min.

9. Birthplace
- Moultrie Co. Ill.

(City, town, or county)

(State or foreign country)

10. Usual occupation
- Farming

11. Industry or business

12. Name
- C. S. Adams

13. Birthplace
- Ky.

(City, town, or county)

(State or foreign country)

14. Maiden name
- Melinda Roney

15. Birthplace
- Ill.

(City, town, or county)

(State or foreign country)

16. (a) Informant
- Mrs. C. S. Adams

- (b) Address
- Centralia, Mo.

17. (a)
- Burial

(Burial, cremation, or removal)

- (b) Date thereof
- Dec 24

(Month) (Day) (Year)

- (c) Place: burial or cremation
- Ladonia, Mo.

18. (a) Signature of funeral director
- G. H. Branger

- (b) Address
- Ladonia, Mo.

19. (a)
- Feb 6 - 1946

(Date received local registrar)

- (b)
- Blanche Neely

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State
- Mo

- (b) County
- Audrain

- (c) City or town
- Rural

(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Dec
- day
- 25
-
- year
- 1944
- hour
- 9:00
- minute
- P
- M.

21. I hereby certify that I attended the deceased from
- 12-1-44

that I last saw him alive on Dec 25, 1944

and that death occurred on the date and hour stated above.

Immediate cause of death Chronicmyocardial degeneration

Duration

Due to Similarity any Auto 3 min

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)

(b) Mechan of injury

23. Signature
- R. P. Roney

Address Centralia, Mo.Date signed 12-26

WRITE PLAINLY—USE UNFADING INK

RECEIVED
Deaths Month Patient No. 53
Deaths File Number 3-44-451
Date Filed 12-12-44

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.....

Me

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

H. G. Grainger

Licensed Embalmer No.

P. O. Address.....

Paducah, 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 this body is not embalmed, fact should be so stated above.