

FILED JAN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2070

BIRTH NO. <u>94</u>		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>5909</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Lp. Twp. Caruthersville</u>		c. LENGTH OF STAY (in this place) <u>2 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Caruthersville</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route 1</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route 1 Lp. Twp.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillie</u> b. (Middle) <u>Bell</u> c. (Last) <u>Adams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-3-49</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 4, 1927</u>		
9. AGE (In years last birthday) <u>22</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Cherokee, Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Jim Allison</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Beavers</u>		14. NAME OF HUSBAND OR WIFE <u>Marvin Adams</u>			
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marvin Adams Caruthersville, Mo.</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Antepartum Hemorrhage</u> ANTECEDENT CAUSES <u>Previa</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Placenta Marginalis marginale</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>670</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>X</u>				
22. I hereby certify that I attended the deceased from <u>11-27-</u> 19 <u>48</u> to <u>1-3-</u> 19 <u>49</u> , that I last saw the deceased alive on <u>1-3-</u> 19 <u>49</u> , and that death occurred at <u>7:02</u> p. m., from the causes and on the date stated above.								
23a. SIGNATURE <u>D. W. Cook M.D.</u> (Degree or title)				23b. ADDRESS <u>Caruthersville, Mo.</u>		23c. DATE SIGNED <u>1-5-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-5-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton, Miss.</u>		
DATE REC'D BY LOCAL REG. <u>1-5-1949</u>		REGISTRAR'S SIGNATURE <u>Jessie B. Weeks</u> <u>249</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.S. Smith Funeral Home Caruthersville, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

1-49-15-

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

William D. Pike

Signed.....

Student Embalmer

Licensed Embalmer No.

4484

P. O. Address.....

Cantharville, 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.