

FILED MAR 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3998

State File No. Registrar's No. 8 (8)

BIRTH NO.		REG. DIST. NO. 25		PRIMARY REG. DIST. NO. 4036		Registrar's No. 8 (8)	
1. PLACE OF DEATH a. COUNTY BATES				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BATES			
b. CITY (If outside corporate limits, write RURAL and give township) RICH HILL		c. LENGTH OF STAY (in this place) 5 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) RICH HILL		3	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3RD & MAPLE ST.				d. STREET ADDRESS (If rural, give location) 3RD & MAPLE			
3. NAME OF DECEASED (Type or Print) a. (First) ROSE		b. (Middle) MARY		c. (Last) ADAMS		4. DATE OF DEATH (Month) (Day) (Year) MARCH-4-1949	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH OCT. 19-1873	
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) PETTIS COUNTY	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOSEPH SHEPHERD		13b. MOTHER'S MAIDEN NAME MILDRED BENTON		14. NAME OF HUSBAND OR WIFE HOMER ADAMS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Eugene Franklin Rich Hill			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemorrhage DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5400				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ☒		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other bldg., etc.) ☒		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ☒			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ☒		21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? Heart failure			
22. I hereby certify that I attended the deceased from March 4, 1949 to March 4, 1949 that I last saw the deceased alive on March 4, 1949 and that death occurred at Rich Hill, Mo. , from the causes and on the date stated above.							
23a. SIGNATURE Edna B. Smith		(Degree or title)		23b. ADDRESS Rich Hill, Mo.		23c. DATE SIGNED MAR 5 1949	
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE MARCH 6 1949		24c. NAME OF CEMETERY OR CREMATORY HUME		24d. LOCATION (City, town, or county) (State) HUME, MISSOURI	
DATE REC'D BY LOCAL REG. Mar. 6-1949		REGISTRAR'S SIGNATURE Mrs. Edna B. Smith		25. FUNERAL DIRECTOR'S SIGNATURE Booth Funeral Dir.		ADDRESS Rich Hill, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7

District File Number 2-49-19

Date Filed 3-9-42

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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 _____
Student Embalmer

Signed

Robert G. Steinbach

Licensed Embalmer No. 4657

P. O. Address Butler, 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.