

FILED MAR 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5608

State File No. ....

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| BIRTH NO. ....  |  | REG. DIST. NO. 241  |  | PRIMARY REG. DIST. NO. 5828  |  | Registrar's No. 10   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>New Madrid</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> |  |  |  |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural - Le Senire</u>   |  |   |  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural - Le Senire</u>  |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi. East of Portageville, Mo.</u>  |  |   |  | d. STREET ADDRESS (If rural, give location) <u>5 mi. East of Portageville, Mo.</u>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>BERTHA</u>  |  | a. (First) <u>LEE</u>   |  | c. (Last) <u>ADAMS</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 6, 1949</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. 16, 1904</u>  |  |
| 9. AGE (In years last birthday) <u>45</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>   |  | 11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                       |  |
| 13a. FATHER'S NAME <u>S. J. Wyatt</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Mary Bates</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Sibley Adams</u>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |  | 16. SOCIAL SECURITY NO. ....  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Sibley Adams</u> ADDRESS <u>Portageville, Mo. R. 1</u>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u><br><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 19a. DATE OF OPERATION <u>none</u>  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Portageville, New Madrid Mo.</u>  |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?   |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>Jan 15</u> , 19 <u>49</u> , to <u>March 5</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5 Mar</u> , 19 <u>49</u> , and that death occurred at <u>1:30 a</u> m., from the causes and on the date stated above. |  |   |  |  |  |  |  |
| 23a. SIGNATURE <u>Lattie B. Painter Jr.</u>   |  | (Degree or title) <u>M.D.</u>   |  | 23b. ADDRESS <u>Portageville, Mo.</u>  |  | 23c. DATE SIGNED <u>3-7-49</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>Mar. 7, 1949</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Portageville, Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Portageville, Mo.</u>           |  |
| DATE REC'D BY LOCAL REG. <u>Mar 7, 1949</u>   |  | REGISTRAR'S SIGNATURE <u>Ellen DeLisle</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge Und. Co.</u> ADDRESS <u>Caruthersville, Mo.</u>   |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No.

District File Number 3-49-3

Date Filed 3-14

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.

Student .....  
Student Embalmer

Signed Boyd B. Willis

Licensed Embalmer No. 4603

P. O. Address Caruthersville, 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.