

FILED MAR 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11319

State File No.

BIRTH NO. REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union Twp.</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>NEAR FOUNTAIN FARM</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>PT. 1 - Cadet</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>ADAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 10, 1949</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug 6, 1857</u>	9. AGE (in years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BARITE</u>	11. BIRTHPLACE (State or foreign country) <u>MADISON, CTY MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>DAVID ADAMS</u>	13b. MOTHER'S MAIDEN NAME <u>CATHERINE SCHRYM</u>	14. NAME OF HUSBAND OR WIFE <u>MARY ANN ADAMS</u>
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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. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Adams Cadet R #1</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2317</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3/10, 1949, to 3/10, 1949, that I last saw the deceased alive on Mar 10, 1949, and that death occurred at 8:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Print name or title) <u>[Signature]</u>	23b. ADDRESS <u>Potosi, Mo.</u>	23c. DATE SIGNED <u>3/11/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 2, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Beginnings</u>	24d. LOCATION (City, town, or county) (State) <u>Washington City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3/11/49</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	499 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Boyer Funeral Home Potosi, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECORDED

Health Officer No. 4
File Number 349-362
Date Filed 3-16-49

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 Howard Higgenbotham

Licensed Embalmer No. 4578

Signed _____
Student Embalmer

P. O. Address Potosi, 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.