

FILED MAY 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12222

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>5552</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Howell</u> b. CITY (if outside corporate limits, write RURAL and give township) <u>Rocky Mountain</u> c. LENGTH OF STAY (if in this place) <u>15 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u> c. CITY (if outside corporate limits, write RURAL and give township) <u>Howell</u> d. STREET ADDRESS (If rural, give location) <u>R I D</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gladis</u> b. (Middle) <u>Rose</u> c. (Last) <u>Adams</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>4-5-49</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>2-5-1912</u>	
9. AGE (In years last birthday) <u>37</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>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>L. E. Dalton</u>				13b. MOTHER'S MAIDEN NAME <u>unk</u>		14. NAME OF HUSBAND OR WIFE <u>L. E. Adams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>				16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>L. E. Adams, Rocky Mountain, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>du</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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>du</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Oregon Mo.</u>			
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? <u>154X</u>			
22. I hereby certify that I attended the deceased from <u>March</u> , 19 <u>48</u> to <u>April</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-1</u> , 19 <u>49</u> , and that death occurred at <u>12:17</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>C. W. Cooper</u>				23b. ADDRESS <u>Howell Mo.</u>		23c. DATE SIGNED <u>4-11-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>4-6-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rocky Mountain</u>		24d. LOCATION (City, town, or county) (State) <u>Rocky Mountain Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-26-49</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Roberts</u>		ADDRESS <u>West Plains Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,  
District File Number 549315  
Date Filed 5-6-49

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.

Student .....  
Student Embalmer

Signed J. J. Robertson

Licensed Embalmer No. 3437

P. O. Address West Haven, Conn.

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.