

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13149**

BIRTH NO. _____ REG. DIST. NO. **217** PRIMARY-REG. DIST. NO. **5786** Registrar's No. **45**

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Mississippi | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mississippi | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Wyatt, Rural) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyatt, Rural | |
| c. LENGTH OF STAY (In this place) 10 yrs | | d. STREET ADDRESS (If rural, give location) 2 mi. South of Wyatt | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2 mi south of Wyatt | | | |

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|---|---------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Newt | b. (Middle) (none) | c. (Last) Adams | 4. DATE OF DEATH (Month) (Day) (Year) 4-6-1949 |
|---|---------------------------|------------------------|---|

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|--------------------|-------------------------------|---|-----------------------------------|---|----------------------------------|-----------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 8-17-1876 | 9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months 19 | IF UNDER 24 HRS. Hours Min. |
|--------------------|-------------------------------|---|-----------------------------------|---|----------------------------------|-----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (State or foreign country) Pemiscot Co., Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Harm Adams | 13b. MOTHER'S MAIDEN NAME Almeda Skinner | 14. NAME OF HUSBAND OR WIFE Ora Adams |
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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) Unknown | 16. SOCIAL SECURITY NO. None Known | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Ora Adams ADDRESS RFD., Charleston, Mo. |
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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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 5 min. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) | | 4500 |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. edema pulmonary, Tuberculosis 10 yrs | | | |

| | | |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 |
|---|--|---------------------------|

22. I hereby certify that I attended the deceased from **10/4 1943** to **4/6 1949**, that I last saw the deceased alive on **4/6 1949**, and that death occurred at **11:55 A.M.** from the causes and on the date stated above.

| | | |
|---|-------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) H. P. Lenton D.O. | 23b. ADDRESS Wyatt, Missouri | 23c. DATE SIGNED 4-10-49 |
|---|-------------------------------------|---------------------------------|

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|---|---------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4-8-1949 | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | 24d. LOCATION (City, town, or county) (State) Charleston, Missouri. |
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| DATE REC'D BY LOCAL REG. 5-7-49 | REGISTRAR'S SIGNATURE Mr. John Bondurant | 199 | 25. FUNERAL DIRECTOR'S SIGNATURE Joe R. Nunnlee ADDRESS Charleston, Mos. |
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2

District File Number 549.56

Date Filed 5-10-8

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 _____

Joe R. Nunnelee

Signed _____

Student Embalmer

Licensed Embalmer No. 4413

P. O. Address Charleston, W. Va.

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.