

FILED SEP 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26310

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 290

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lithium Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) William E. b. (Middle) E. c. (Last) Adams		4. DATE OF DEATH (Month) (Day) (Year) August 31 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 2 1882
9. AGE (In years last birthday) 66		10. AGE (In years last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Perry Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Narice E. Adams		13b. MOTHER'S MAIDEN NAME Vinie Tucker		14. NAME OF HUSBAND OR WIFE Deba Adams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Deba Adams Lithium Mo.	

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) Hypostatic Pneumonia ANTECEDENT CAUSES (b) Sigmoid Carcinoma Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 153X	
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19a. DATE OF OPERATION Aug. 26-29		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Sigmoid with Metastasis throughout abdomen		20. AUTOPSY? YES ☐ NO ☒	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 8/12/49, 1949, to 8/31/49, 1949, that I last saw the deceased alive on 8/31/49, 1949, and that death occurred at 10:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. Newell L.D.O.		23b. ADDRESS 105 S. Spanish Cape Girardeau, Mo.		23c. DATE SIGNED Sept. 3, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 2 1949		24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	
24d. LOCATION (City, town, or county) (State) Lithium Mo.					

DATE REC'D BY LOCAL REG. 9-3-1949		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Young & Sons Springfield Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

SEP 13 1949

RECEIVED 9-6-49

District Health Officer No. 4

District File Number 949-11

Date Filed

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

Licensed Embalmer No. 2138

P. O. Address

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.