

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 292065

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>5037</u>		Registrar's No. <u>159</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rual, Saltriver</u>		c. LENGTH OF STAY (in this place) <u>4</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>.7mi. East of Mexico on 54</u>				d. STREET ADDRESS (If rural, give location) <u>120 West Love Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DONNIE</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>ADAMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 11 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>Aug. 15, 1890</u>	
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Lee Young</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Bratcher</u>	
13a. FATHER'S NAME <u>Lee Young</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Bratcher</u>		14. NAME OF HUSBAND OR WIFE <u>William Adams</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
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 <u>490-32-2905</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Donnell Dye</u>		ADDRESS <u>Stoutsville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Case Injury</u> ANTECEDENT CAUSES <u>An car Automobile accident on highway 64 East of Mexico. Mo. Near White Br.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Loss control of Auto.</u> DUE TO (c) <u>Top of skull crushed off.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>32</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		18. CAUSE OF DEATH (continued) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Top of skull crushed off.</u>		18. CAUSE OF DEATH (continued) INTERVAL BETWEEN ONSET AND DEATH <u>32</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 64 East</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mexico Audrain Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 11 1949 a.m.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 11 1949 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile wreck on road</u>		21. HOW DID INJURY OCCUR? <u>Automobile wreck on road</u>	
22. I hereby certify that I attended the deceased from <u>Crown Point</u> , 1949, that I last saw the deceased <u>Sept. 11, 1949</u> , and that death occurred at <u>9 a.m.</u> , from the causes and on the date stated above.				23a. SIGNATURE <u>S. C. Adams M.D. - Crown Point, Mo.</u>		23b. ADDRESS <u>Mexico, Mo.</u>	
23a. SIGNATURE <u>S. C. Adams M.D. - Crown Point, Mo.</u>		23b. ADDRESS <u>Mexico, Mo.</u>		23c. DATE SIGNED <u>9-11-49</u>		24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 13, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bearea Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Audrain County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept 13 1949</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Child</u>		ADDRESS <u>Mexico, Mo.</u>	

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

RECEIVED SEP 19 1949
District Health Officer No. _____
District File Number 9-497
Date Filed SEP 19 1949

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

Ralph L. Hueston Jr.

Licensed Embalmer No. 4687

P. O. Address Mexico, 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.