

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35991

State File No.

FILED NOV 4 1949

BIRTH NO. _____		REG. DIST. NO. <u>326</u>		PRIMARY REG. DIST. NO. <u>4482</u>		Registrar's No. <u>60</u>	
1. PLACE OF DEATH a. COUNTY <u>SCOTLAND</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTLAND</u>			
b. CITY OR TOWN <u>MEMPHIS</u>		c. LENGTH OF STAY (In this place) <u>12</u>		c. CITY OR TOWN <u>MEMPHIS</u>		99	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>5</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>IVA</u> b. (Middle) <u>LEE</u> c. (Last) <u>ADAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 15 1949</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 21 1877</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>24</u>		IF UNDER 12 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WIFE</u>		11. BIRTHPLACE (State or foreign country) <u>CAMELVILLE KY 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JOHN B MONROE</u>			13b. MOTHER'S MAIDEN NAME <u>CAROLINE HARDIN</u>		14. NAME OF HUSBAND OR WIFE <u>W W A ADAMS</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Waynel Stone Memphis</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>Coronary Thromboses</u> ANTECEDENT CAUSES Due to (b) <u>High Blood Pressure</u> Due to (c) <u>Hipfrites</u> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>17201</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>5 yrs</u> <u>10 yrs</u> <u>17201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		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 <u>Jan 1</u> , 19 <u>48</u> , to <u>Oct-12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Oct 12</u> , 19 <u>49</u> , and that death occurred at <u>12:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (D, M, or (T)N) <u>E. E. Symmonds D.O.</u>				23b. ADDRESS <u>Memphis Mo</u>		23c. DATE SIGNED <u>Oct 28-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-19-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HICKORY GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>ARBELA, MO.</u>	
DATE REC'D BY LOCAL REG. <u>10/28/49</u>		REGISTRAR'S SIGNATURE <u>J.M. Baker</u> <u>407</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Rayner, Son</u>			

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

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6

RECEIVED OCT 31 1949
District Health Officer No. 10
District File Number 1529-184
Date Filed OCT 31 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 W. Payne

Licensed Embalmer No. 2196

P. O. Address Memphis

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.