

FILED DEC 7 1949

STANDARD CERTIFICATE OF DEATH

State File No. 36297

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 288	
1. PLACE OF DEATH a. COUNTY <u>BOONE</u>				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>TEXAS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia, Mo. 11</u>		c. LENGTH OF STAY (in this place) <u>3 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CABOOL, R#1</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ellis Fischel ST Cancer Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EUNICE</u>		b. (Middle) <u>LOUISE</u>		c. (Last) <u>ADAMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11</u> <u>26</u> <u>49</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>4-26-06</u>	
9. AGE (In years last birthday) <u>43</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Min.		11. BIRTHPLACE (State or foreign country) <u>Middlebome, W. VA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>EX-WAITRESS</u>		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		14. NAME OF HUSBAND OR WIFE	
13a. FATHER'S NAME <u>John N. Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Anna E. Weekly</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 NO. <u>145 B</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u>				ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myelogenous leukemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>6 mo.</u> <u>2041</u>				20. AUTOPSY? YES ☒ NO ☐	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				21. HOW DID INJURY OCCUR?	
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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22. I hereby certify that I attended the deceased from <u>12 AUG. 1949</u> , to <u>26 Nov. 1949</u> , that I last saw the deceased alive on <u>26 Nov. 1949</u> , and that death occurred at <u>3:05 P.M.</u> , from the causes and on the date stated above.					
23. SIGNATURE (Degree or title) <u>Richard E. Johnson, M.D.</u>		23b. ADDRESS <u>Columbia, Mo.</u>		23c. DATE SIGNED <u>26 Nov 49</u>			
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-27-'49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cabool</u>		24d. LOCATION (City, town, or county) (State) <u>Cabool Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 27 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.D. Hill</u>		ADDRESS <u>Columbia, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 5 1949
District Health Officer No. 9,
District File Number

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

Lynard H. Sprinkle

Licensed Embalmer No. *4013*

P. O. Address *Columbia, 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.