

FILED NOV 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36955

State File No. 15

BIRTH NO. _____		REG. DIST. NO. 122		PRIMARY REG. DIST. NO. 4201		Registrar's No. 15	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>REPUBLIC</u>		c. LENGTH OF STAY (in this place) <u>7 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>REPUBLIC</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>				d. STREET ADDRESS (If rural, give location) <u>HOME</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>THOMAS</u>		c. (Last) <u>ADAMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 23 1949</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>5-14-1874</u>	
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u>		11. BIRTHPLACE (State or foreign country) <u>MT. GROVE MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>JAMES B. ADAMS</u>		13b. MOTHER'S MAIDEN NAME <u>RUSSA ZULMALT</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. ALLIE MAXWELL, ADAMS.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>493-14-3899</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Allie Adams, Republic, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCTION</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY THROMBOSIS</u> DUE TO (c) <u>CORONARY ARTERIOSCLEROSIS</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 DAYS</u>	
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>NONE</u>			
22. I hereby certify that I attended the deceased from <u>JULY 1949</u> , to <u>Nov 23, 1949</u> , that I last saw the deceased alive on <u>Nov 23, 1949</u> , and that death occurred at <u>3:00 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John H. Esch, M.D.</u> (Degree or title)				23b. ADDRESS <u>Republic, Mo.</u>		23c. DATE SIGNED <u>11/26/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-27-1949</u>		24c. NAME OF CEMETERY OR CREMATORIUM <u>LINDSEY CHAPEL</u>		24d. LOCATION (City, town, or county) (State) <u>GREENE Co. MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 26-1949</u>		REGISTRAR'S SIGNATURE <u>Florence Britain</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris</u>		ADDRESS <u>Cleves, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

County Health Office,

49-11-69

11-29-19

MAR 24 1970 2 0 1953

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. 4390

P. O. Address Cleary, 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.