

FILED NOV 28 1949

STANDARD CERTIFICATE OF DEATH

State File No. 38187

BIRTH NO. <u>66322-49</u>		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>5910</u>		Registrar's No. <u>91</u>	
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Pemiscot Twp.</u> c. LENGTH OF STAY (If this place) <u>1 mos.</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Caruthersville Rt. 1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Pemiscot Twp.</u> d. STREET ADDRESS (If rural, give location) <u>Caruthersville Route 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gary</u> b. (Middle) <u>Alvin</u> c. (Last) <u>Adams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 19, 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>		8. DATE OF BIRTH <u>October 4, 1949</u>	
9. AGE (In years last birthday) <u>1</u>		10. MONTHS <u>15</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri C'ville, Rt. 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		13a. FATHER'S NAME <u>Rex Alton Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Marie Shelton</u>	
13c. NAME OF HUSBAND OR WIFE <u>X</u>		14. NAME OF HUSBAND OR WIFE <u>X</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>X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Rex Alton Adams C'ville, 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. 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.		19. DATE OF OPERATION <u>✓</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>✓</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>		22. I hereby certify that I attended the deceased from <u>✓</u> , 19 <u>49</u> , to <u>✓</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>✓</u> , 19 <u>49</u> , and that death occurred at <u>✓</u> m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>James A. Osburn, M.D.</u>	
23b. ADDRESS <u>Caruthersville, Mo.</u>		23c. DATE SIGNED <u>11-21-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 20, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Smith</u>		24f. ADDRESS <u>Funeral Home C'ville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

11-49-337

NOV 20 REC'D
NOV 25 REC'D

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

William J. Pike

Licensed Embalmer No.

4484

P. O. Address

Caruthersville, 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.