

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18932

State File No.

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1176**

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS. MO. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| c. LENGTH OF STAY (In this place) 31 days | | d. STREET ADDRESS (If rural, give location) 2602 South Grand | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP. | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) ROSCOE b. (Middle) G. c. (Last) ADAMS | | | 4. DATE OF DEATH: (Month) (Day) (Year) 5/5/50 | | |
| 5. SEX M | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | |
| 8. DATE OF BIRTH 6/30/88 | | 9. AGE (In years last birthday) 61 | | IF UNDER 1 YEAR Months 10 Days 5 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchandise Broker | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) Poplar Bluff, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME George Adams | | 13b. MOTHER'S MAIDEN NAME Lizzie B. Ferguson | | 14. NAME OF HUSBAND OR WIFE None | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World I. | | 16. SOCIAL SECURITY NO. Unk. | | 17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS ADDRESS _____ | |

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|--|--|--|--|--|---|
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF LARYNX 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 1 1/2 IX |
|--|--|--|--|--|---|

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) None | | 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) V.A. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 161X | |

22. I hereby certify that I attended the deceased from **3/6/1950**, to **5/5/1950**, and that death occurred at **9:35p m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE L. G. Terkes, M.D. (Name or title) | | 23b. ADDRESS V.A. HOSP. JEFF. BRKS. MO. | | 23c. DATE SIGNED 5-6-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE May 8, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY _____ | |
| 24d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 7 1950 | | 25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS C. Hormeister & Co. 7814 S. Broadway St. Louis, Mo. | | | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4000

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Harry S. Shumaker*

Licensed Embalmer No. *2679*

P. O. Address *7514 S. Broadway*

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.