

FILED JUN 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21200

BIRTH NO. _____		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 4427		Registrar's No. 69			
1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Texas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville		c. LENGTH OF STAY (in this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Houston		107,0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Waynesville General Hospital				d. STREET ADDRESS (If rural, give location) 1					
3. NAME OF DECEASED (Type or Print) Stella			a. (First) May		b. (Middle) Adey		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) 5 31 50		5. SEX Female		6. COLOR OR RACE White		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed ✓		8. DATE OF BIRTH Sept. 21, 1885	
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own house		11. BIRTHPLACE (State or foreign country) Houston, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Alex Hinkle			13b. MOTHER'S MAIDEN NAME Sarah Raper			14. NAME OF HUSBAND OR WIFE Henry Adey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME Mr. Vernon Adey Lovell, Wyoming			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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Infection e possible Coronal Thrombosis DUE TO (b) post operative following a ruptured appendix DUE TO (c) Acute appendicitis & perforation of peritonitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 5/26/50		19b. MAJOR FINDINGS OF OPERATION Ruptured appendix & peritonitis						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Houston		21d. COUNTY Harris		21e. STATE TX	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 5/17, 1950, to 5/26, 1950, that I last saw the deceased alive on 5/26, 1950, and that death occurred at 5:35 p.m., from the causes and on the date stated above.									
23a. SIGNATURE J. J. Burns, MD				(Degree or title)		23b. ADDRESS Houston Mo		23c. DATE SIGNED 6/2/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 6-4-50		24c. NAME OF CEMETERY OR CREMATORY ARTHUR CREEK		24d. LOCATION (City, town, or county) (State) TEXAS CO MO			
DATE REC'D BY LOCAL REG. 6-19-50		REGISTRAR'S SIGNATURE Thelma C. Buckthorpe		389		25. FUNERAL DIRECTOR'S SIGNATURE Wayland V. Elliott		ADDRESS HOUSTON, MO	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6/17/50  
Pulaski County Health Officer  
File Number.....  
Date Filed..... 6/19/50

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.