No. 360
10.48

FILED JUL 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22919

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4063 Registrar's No. 30

0130

1. PLACE OF DEATH
a. COUNTY Caldwell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hamilton
c. LENGTH OF STAY (In this place) 18 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home on East Bird Street

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Missouri
b. COUNTY Caldwell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hamilton 0130
d. STREET ADDRESS (If rural, give location) East Bird St

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Ann c. (Last) Adams

4. DATE OF DEATH (Month) (Day) (Year) July 9 1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 21, 1876
9. AGE (In years last birthday) 73 Months 9 Days 18 Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Rose
10b. KIND OF BUSINESS OR INDUSTRY Household
11. BIRTHPLACE (State or foreign country) Caldwell Co. Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME M. W. Ramsey
13b. MOTHER'S MAIDEN NAME Sarah Kessinger
14. NAME OF HUSBAND OR WIFE Robert J. Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Robert J. Adams ADDRESS Hamilton, Mo.

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular disease — 5 years plus?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1947, *to* July 9, 1950, *that I last saw the deceased alive on* July 9, 1950, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Frank R. Daley (Degree or title) MD
23b. ADDRESS Hamilton, Mo.
23c. DATE SIGNED 6-10-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 11, 1950
24c. NAME OF CEMETERY OR CREMATORY Hopewell Cem
24d. LOCATION (City, town, or county) Caldwell Co. (State) Mo

DATE REC'D BY LOCAL REG. July 11-50
REGISTRAR'S SIGNATURE Gladys Jones 37
25. FUNERAL DIRECTOR'S SIGNATURE Brown Funeral Home ADDRESS Hamilton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 21 1957

RECEIVED
JUL 14 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 R. J. M. Brane

Licensed Embalmer No. 3052

P. O. Address Hamilton 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.