

FILED NOV 6 1950

STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>6165</u>		Registrar's No. <u>58</u>	
1. PLACE OF DEATH a. COUNTY <u>Stone County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Gasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hurley</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>La Russell</u>			
c. LENGTH OF STAY (in this place) <u>10 mo</u>				d. STREET ADDRESS (If rural, give location) <u>0430</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>							
3. NAME OF DECEASED (Type or Print) <u>Alice Mahala Adams</u>		a. (First)		b. (Middle)		c. (Last)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>June 17-1871</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>		9. AGE (In years last birthday) <u>71</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
13a. FATHER'S NAME <u>Al McNamee</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Hall</u>		14. NAME OF HUSBAND OR WIFE <u>Robert A. Adams</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>L</u>		16. SOCIAL SECURITY NO. <u>L</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Otis Vickroy Hurley</u>		ADDRESS <u>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.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolus</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES As for 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. <u>Thrombophlebitis</u>				332X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 <u>Apr 20</u> , 19 <u>50</u> , to <u>Oct 16</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 14</u> , 19 <u>50</u> , and that death occurred at <u>1:55 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. R. W. Mammal</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Crane</u>		23c. DATE SIGNED <u>10-17-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-18-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harvey Cem</u>		24d. LOCATION (City, town, or county) (State) <u>La Russell Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 17-50</u>		REGISTRAR'S SIGNATURE <u>Lena Murray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jackson & Sons</u>		ADDRESS <u>La Russell Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 1 1950

Dist. File 1150-2218

Date Filed 11-1-50

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Wm K. Jackson

Licensed Embalmer No.

3954

P. O. Address

Caracas, 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.