

36883

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED DEC 1 1950

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BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>4234</u>		Registrar's No. <u>58</u>	
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u>		c. LENGTH OF STAY (In this place) <u>1 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lesterville</u> <u>0900</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>OLIVER</u> c. (Last) <u>ADAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18 1950</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 1 1869</u>	
9. AGE (In years last birthday) <u>81</u>		If UNDER 1 YEAR Months <u>6</u> Days <u>17</u>		If UNDER 24 Hrs. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Lesterville Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u></u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James P. Adams</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Campbell</u>			14. NAME OF HUSBAND OR WIFE <u>Lena Adams</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ray Adams, Redford Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute bronchial asthma</u>					?
		ANTECEDENT CAUSES					?
		DUE TO (b) <u>chronic myocarditis</u>					?
		DUE TO (c) <u>arterio-sclerosis</u>					?
		II. OTHER SIGNIFICANT CONDITIONS					?
		Conditions contributing to the death but not related to the disease or condition causing death. <u>senility</u>					
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) <u>4221</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>11-17-50</u> , 19 <u>50</u> , to <u>11-18-50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-18-50</u> , 19 <u>50</u> , and that death occurred at <u>3:52 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. P. E. Farland M.D.</u> (Degree or title)				23b. ADDRESS <u>Ironton, Missouri</u>		23c. DATE SIGNED <u>11-21-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-20-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rayfield Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lesterville Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Nov 27 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Anna Louis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Anna J. White</u>		ADDRESS <u>White Funeral Home, Ironton Mo.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

NOV 30 1950

DISTRICT HEALTH OFFICE No. C

File No.

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 *Ricely White*

Licensed Embalmer No. *3012*

P. O. Address *Denton, Tex.*

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.