

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. A. J. ...
State File No. 37922

BIRTH NO. _____		REG. DIST. NO. 270		PRIMARY REG. DIST. NO. 3050		Registrar's No. 98	
1. PLACE OF DEATH a. COUNTY <u>Jameson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Jameson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cantharville</u>		c. LENGTH OF STAY (In this place) <u>3 Months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cantharville, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Bushy & Pine Front</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>U.</u>		b. (Middle) <u>U.</u>		c. (Last) <u>ADAMS</u>	
4. DATE OF DEATH		(Month) <u>Nov</u>		(Day) <u>10</u>		(Year) <u>1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Unknown</u>		9. AGE (In years if UNDER 1 YEAR, last birthday; if 1 YEAR or over, last birthday) <u>about 70 years</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S M maiden name <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) <u>No</u> (If yes, give dates of service) <u>No</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Personal papers</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Hypertension</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>331X</u>	
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) <u>Cantharville, Jameson, Mo</u>		(STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>11-9-</u> , 19 <u>50</u> , to <u>11-10-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-9-</u> , 19 <u>50</u> , and that death occurred at <u>3</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A. J. ...</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Cantharville, Mo.</u>		23c. DATE SIGNED <u>11-30-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-13-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little people</u>		24d. LOCATION (City, town, or county) <u>Cantharville, Mo.</u> (State)	
DATE REC'D BY LOCAL REG. <u>12-4-1950</u>		REGISTRAR'S SIGNATURE <u>Treasurer B. Wilkin</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>L. F. ...</u>		ADDRESS <u>Cantharville, Mo.</u>	

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

12-50-306

DEC 7 REC'D

E. P. Penchor, M. D.,
Pemiscot County Health Department
Caruthersville, Missouri

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

N. C. Penchor

Licensed Embalmer No. 3941

P. O. Address

Caruthersville

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.