

FILED JAN 10 1951

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.		REG. DIST. NO. <u>869</u>		PRIMARY REG. DIST. NO. <u>4838</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Wayne</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Piedmont</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Piedmont</u>				c. LENGTH OF STAY (In this place) <u>0</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Sadie</u>		a. (First) <u>Sadie</u>		b. (Middle) <u>Sarah Francis</u>		c. (Last) <u>Adams</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 15 1950</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept 5 -</u>	
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>10</u>		IF UNDER 12 Hrs. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Wayne Co Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles W. Stowers</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Etta Prince</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Adams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary sclerosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) <u>Coronary sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> <u>447X</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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>Jan 1949</u> , to <u>Dec 15, 1950</u> , that I last saw the deceased alive on <u>Dec 15, 1950</u> , and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. O. Piles</u> (Degree or title)		23b. ADDRESS <u>Piedmont Mo.</u>		23c. DATE SIGNED <u>12-20-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 18, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wayne Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Piedmont Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 31, 1950</u>		REGISTRAR'S SIGNATURE <u>E. O. Piles</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman W. Pish</u>		ADDRESS <u>Piedmont</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED

JAN 8 1951

WAYNE CO. HEALTH CENTER

FILE No. 151-3

OCT 18 1957

OCT 17 1957

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 Harvey E. Baroles

Licensed Embalmer No. 426

P. O. Address Bedmont, 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.