

FILED JAN 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 419

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 31	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Cape Gir.			
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (If in institution) 199 days		c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		d. STREET ADDRESS (If rural, give location) Route 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Salem St. Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) MAE		b. (Middle) DORA		c. (Last) ADAMS		4. DATE OF DEATH (Month) (Day) (Year) Jan 13 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov 1-1882	
9. AGE (In years last birthday) 68		10. MONTHS 2		11. DAYS 12		12. COUNTRY U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME James Pace		13b. MOTHER'S MAIDEN NAME Mary Jane Brown		14. NAME OF HUSBAND OR WIFE James H. Adams			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Halter Adams		ADDRESS Cape Gir.	
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) - Pneumonia (Hypostatic) Lung abscess. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral apoplexy (Surgical) paralysis. DUE TO (c) - Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 P.M.	
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 12-31, 1950, to 1-13, 1951, that I last saw the deceased alive on 1-13, 1951, and that death occurred at 1:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Albert M. Estes MD				23b. ADDRESS 714-13d. way		23c. DATE SIGNED 1-16-51	
24a. BURLAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 1-15-51		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo	
DATE REC'D BY LOCAL REG. 1-17-51		REGISTRAR'S SIGNATURE L. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE J. L. Houser		ADDRESS Cape Gir. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 22 1951

DISTRICT HEALTH OFFICE No. 0

File No. ....

APR 22 1952

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 .....

working under my personal supervision.

Student Embalmer No. .... 388

Signed Charles Crowe  
Student Embalmer

Signed W. H. Lester

Licensed Embalmer No. .... 3568

P. O. Address Osage Guardian

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.