

FILED APR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

7753

31

BIRTH NO. _____		REG. DIST. NO. <u>52</u>		PRIMARY REG. DIST. NO. <u>5189</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CAPE GIRARDEAU</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>RED #3</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>CHAFFEE</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CHAFFEE RED #3</u>				d. STREET ADDRESS (If rural, give location) <u>RED #3</u>					
3. NAME OF DECEASED (Type or Print) <u>JAMES ALBERT</u>		a. (First)		b. (Middle)		c. (Last)			
4. DATE OF DEATH <u>APRIL 4 1951</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>			
8. DATE OF BIRTH <u>12-26-1885</u>		9. AGE (In years last birthday) <u>65</u>		10. MONTHS <u>3</u>		11. DAYS <u>8</u>			
12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		12b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		13. BIRTHPLACE (State or foreign country) <u>MO</u>		14. CITIZEN OF WHAT COUNTRY? <u>U</u>			
15a. FATHER'S NAME <u>THOMAS ADAMS</u>		15b. MOTHER'S MAIDEN NAME <u>NO RECORD</u>		16. NAME OF HUSBAND OR WIFE <u>MINNIE ADAMS</u>					
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) <u>-</u>		18. SOCIAL SECURITY NO. <u>-</u>		19. INFORMANT'S SIGNATURE OR NAME <u>Mrs Minnie Adams</u> ADDRESS <u>CHAFFEE</u>					
20. 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>Natural Cause</u> ANTECEDENT CAUSES Morbid 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. INTERVAL BETWEEN ONSET AND DEATH				21. DATE OF OPERATION <u>7954</u>		22. AUTOPSY? YES ☐ NO ☒	
23a. ACCIDENT (Specify) <u>Natural Cause</u>		23b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>At Home</u>		23c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Blomeyer Mo Cape Mo</u>		24. HOW DID INJURY OCCUR? <u>Natural Cause</u>			
25. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 4 51 A.M.</u>		26. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐		27. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
28. SIGNATURE <u>E. R. Dickstein</u> (Degree or title) <u>Coroner</u>		29. ADDRESS <u>4 S. Pacific St. Cape Girardeau Mo</u>		30. DATE SIGNED <u>April 5 1951</u>					
31. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		32. DATE <u>APRIL 7</u>		33. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM.</u>		34. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU MO</u>			
35. DATE REC'D BY LOCAL REG. <u>April 8-51</u>		36. REGISTRAR'S SIGNATURE <u>D. E. Stubbbs</u>		37. FUNERAL DIRECTOR'S SIGNATURE <u>C. M. STUBBS</u> ADDRESS <u>CHAFFEE MO</u>					

(Licensed Embalmer's Statement on Reverse Side)

C.M. STUBBS

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

RECEIVED

APR 11 1951

DISTRICT HEALTH OFFICE No. 6

File No.

APR 5 1955

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

C. J. Loring

Licensed Embalmer No. *3810*

P. O. Address *Cape Girardeau, 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.