

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16320

FILED MAY 16 1951

BIRTH NO. _____		REG. DIST. NO. <u>138</u>		PRIMARY REG. DIST. NO. <u>5522</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Hickory</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cross Timbers - Rural - Hickory</u>		c. LENGTH OF STAY (in this place) <u>4 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cross Timbers - Rural - Hickory</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles South-West</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles S.W.</u>				d. STREET ADDRESS (If rural, give location) <u>3 miles South-West</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Alfred</u> c. (Last) <u>Admire</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 1 - 1951</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>Nov. 9 - 1875</u>	
9. AGE (In years last birthday) <u>75</u>		10. UNDER 1 YEAR Months <u>5</u> Days <u>22</u>		11. BIRTHPLACE (State or foreign country) <u>Benton County, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Benton County, Ark.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>George Admire</u>			13b. MOTHER'S MARDEN NAME <u>Mary Bonniester</u>		14. NAME OF HUSBAND OR WIFE <u>Nora Admire</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chesley Admire - Cross Timbers, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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>4201</u>	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. E. Briggs</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>Wheatland, Mo</u>		23c. DATE SIGNED <u>5-7-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-4-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cross Timbers</u>		24d. LOCATION (City, town, or county) (State) <u>Cross Timbers, Mo</u>	
DATE REC'D BY LOCAL REG <u>May 7 - 1951</u>		REGISTRAR'S SIGNATURE <u>W.D. Hargess</u> <u>121</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Garbert Dehaughey</u> ADDRESS <u>Wheatland, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

430

RECEIVED 5-15-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-15-51

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 *Chas Gilbert Hathaway*

Licensed Embalmer No. 4267

P. O. Address *Wheatland, Md*

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.