

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17390

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4338 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY OR TOWN <b>MONROE CITY</b>		c. CITY OR TOWN <b>MONROE CITY</b> 0690	
c. LENGTH OF STAY (In this place) <b>12 yr 5.</b>		d. STREET ADDRESS (If rural, give location) <b>610 N. OAK</b> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>610 N. OAK</b>			

3. NAME OF DECEASED (Type or Print) <b>JEMINA NEAL ADAMS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 8 1951</b>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>AUGUST 22 1877</b>	9. AGE (In years last birthday) <b>73</b>	10. MONTH <b>8</b>	11. DAY <b>16</b>	12. IF UNDER 16 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Keeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>OWN Home.</b>	11. BIRTHPLACE (State or foreign country) <b>Ralls County Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>URIAL NEAL SHEPARD</b>	13b. MOTHER'S MAIDEN NAME <b>MIRRIAN J. YAGER</b>	14. NAME OF HUSBAND OR WIFE <b>Jennette Hackman</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jennette Hackman</b>	ADDRESS <b>Monroe City</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>7 MO</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF LIVER</b>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **SEPT 20, 1950**, to **MAY 8, 1951**, that I last saw the deceased alive on **MAY 8, 1951**, and that death occurred at **530 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Anna M. Burdett M.D.</b>	(Degree or title)	23b. ADDRESS <b>Monroe City Mo</b>	23c. DATE SIGNED <b>5/9/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>5-10-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BETHLEHEM CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>Ralls County Missouri</b>
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DATE REC'D BY LOCAL REG. <b>5-14-51</b>	REGISTRAR'S SIGNATURE <b>Anna M. Burdett</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>WILSON &amp; SONS</b>	ADDRESS <b>MONROE CITY MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE PERMANENT RECORD

690

Date Received: JUN 1 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 6-51-1031  
Date Filed: JUN 4 1951

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.....

Signed.....

*Lester L. Nelson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address *Memphis City Tenn*

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.