

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25883

State File No.

BIRTH NO.		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>4499</u>		Registrar's No. <u>601</u>	
1. PLACE OF DEATH a. COUNTY <u>Shelby</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbina</u>		c. LENGTH OF STAY (In this place) <u>50 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbina</u>		<u>1020</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Maria</u>		b. (Middle) <u>Olive</u>		c. (Last) <u>Adams</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 25th 1951</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>H H H H</u>		8. DATE OF BIRTH <u>March 22nd 1880</u>		9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR: Months <u>4</u> Days <u>3</u> Hours <u>3</u> Mins. <u>0</u>	
11. BIRTHPLACE (State or foreign country) <u>Shelby Co Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Wm Wesley Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Kessler</u>		14. NAME OF HUSBAND OR WIFE <u>C. Ed Adams</u> <u>Shelbina Mo.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C. Ed Adams</u> <u>Shelbina Mo.</u>			
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>Hypertensive heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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 <u>?</u> <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>				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) (Min.)		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>July 7, 1949</u> to <u>July 25, 1951</u> , that I last saw the deceased alive on <u>July 24, 1951</u> , and that death occurred at <u>7:30 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>V. C. Greener M.D.</u>				23b. ADDRESS <u>Shelbina Mo.</u>		23c. DATE SIGNED <u>July 26-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/27/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Shelbina Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-28-51</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barkelaw & Hawkins</u> <u>Shelbina Mo.</u>			

(Licensed Embellisher's Statement on Reverse Side)

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

AUG 8 1951

Date Received: JUL 30 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-51-13
Date Filed: JUL 31 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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.

Licensed Embalmer No. 3835

P. O. Address Shelburne Vt

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.