

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **31133**

FILED OCT 10 1951

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>234</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Charlton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Madison</u>		c. LENGTH OF STAY (In this place) <u>16 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dalton</u>		TOWN <u>Mo.</u> <u>0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shelburne Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Christina</u>		b. (Middle) <u>C. Elina</u>		c. (Last) <u>Adams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 30 - 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Black</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Dec 7 - 1927</u>	
9. AGE (In years, last birthday) <u>23</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Dalton Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Wm Crow</u>		14. NAME OF HUSBAND OR WIFE <u>Sam</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Wm Adams Dalton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <u>Generalized peritonitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Secondary abd pregnancy</u> DUE TO (c) <u>RT tubal abortion + pyosalpinx</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>6451</u>				INTERVAL BETWEEN ONSET AND DEATH <u>16 da</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4 mo pregnancy complicated on ectopic pelvic abscess</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) _____		21f. HOW DID INJURY OCCUR? _____	
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"/>					
22. I hereby certify that I attended the deceased from <u>9-14</u> , 19 <u>51</u> , to <u>9-29</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-29</u> , 19 <u>51</u> , and that death occurred at <u>8 a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert H. Young M.D.</u>				23b. ADDRESS <u>220 Beverly Ave.</u>		23c. DATE SIGNED <u>9-30-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Oct 3-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dalton</u>		24d. LOCATION (City, town, or county) (State) <u>Dalton Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 3-51</u>		REGISTRAR'S SIGNATURE <u>Charles B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm ...</u> ADDRESS <u>Kay ...</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

VS
FEB 18 1960

Date Received: OCT 9 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1792
Date Filed: OCT 9 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 _____,

Student Embalmer No. _____,
working under my personal supervision.

Student
Student Embalmer

Signed H. D. Garrett

Licensed Embalmer No. 3046

P. O. Address Key Bessie M.

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.