

FILED NOV 21 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38594

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6072 Registrar's No. 366

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>ST. FRANCOIS</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> COUNTY <u>ST. FRANCOIS</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DOERUN</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DOERUN</u> <u>0941</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  | d. STREET ADDRESS (If rural, give location) <u>U</u>  |  |

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>AMANDA</u> b. (Middle) <u>L.</u> c. (Last) <u>ADAMS</u> |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 4, 1951</u> |  |  |
| 5. SEX <u>FEMALE</u>   |  | 6. COLOR OR RACE <u>White</u>             |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>                           |  |
| 8. DATE OF BIRTH <u>MAY 23, 1856</u>   |  | 9. AGE (In years last birthday) <u>95</u> |   | 10. IF UNDER 1 YEAR: Months <u>5</u> Days <u>12</u> IF UNDER 1 HRS. Hours <u>0</u> Min. <u>0</u> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> |  |   | 10b. KIND OF BUSINESS OR INDUSTRY                         |  | 11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> <u>0</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  |   |   |  |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>WOODSON MASON</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>JANE Ketcherside</u> |  | 14. NAME OF HUSBAND OR WIFE <u>ISSAC ADAMS</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>NONE</u>               |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ROSCOE ADAMS St. Louis, Mo.</u> |  |

|  |  |   |  |  |   |
|--|--|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION   |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hyperstatic Pneumonia</u>  |  | DUPLICATE   |  |  |   |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | ANTECEDENT CAUSES   |  |  |   |
| Morbidity 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"/> |  |
| 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 Nov 3, 1951, to Nov 4, 1951, that I last saw the deceased alive on Nov 3, 1951, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. M. Stauffer, M.D. 23b. ADDRESS St. Louis, Mo. 23c. DATE SIGNED 11/5/51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE Nov. 6, 1951 24c. NAME OF CEMETERY OR CREMATORY ADAMS 24d. LOCATION (City, town, or county) (State) NEAR BONNETERRE, MO

DATE REC'D BY LOCAL REG. Nov. 13, 1951 REGISTRAR'S SIGNATURE Esther Kudryk 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Raymond Caldwell, St. Louis, Mo.

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

NOV 15 1951

RECEIVED

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 R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River, 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.