

S. No. 300  
10-48

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

44321

State File No. ....

FILED JAN 28 1952

BIRTH NO. .... REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 5

|                                                                                                   |  |                                                                                                                                            |  |
|---------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Shelby County</u>                                               |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>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, Mo.</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarence, Mo.</u>                                          |  |
| c. LENGTH OF STAY (in this place) <u>2 Wks.</u>                                                   |  | d. STREET ADDRESS (If rural, give location) <u>X</u>                                                                                       |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>                                               |  |                                                                                                                                            |  |

|                                                                                                                 |                               |                                                                       |                                                                 |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>T.</u> c. (Last) <u>ADAMS</u>     |                               | 4. DATE OF DEATH (Month) (Day) (Year) <u>1-13-1951</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>1-7-1863</u>                                |
| 9. AGE (In years last birthday) <u>88</u>                                                                       |                               | 10. KIND OF BUSINESS OR INDUSTRY <u>Same</u>                          | 11. BIRTHPLACE (State or foreign country) <u>Monroe Co. Mo.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming Rtr.</u> |                               | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>                               |                                                                 |

|                                                                                                                             |                                                 |                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------|
| 13a. FATHER'S NAME <u>Henry Adams</u>                                                                                       | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hall</u> | 14. NAME OF HUSBAND OR WIFE <u>Ella Adams, Clarence, Mo.</u>                    |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>X</u> | 16. SOCIAL SECURITY NO. <u>X</u>                | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ella Adams, Clarence, Mo.</u> ADDRESS |

|                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  | INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|

|                                                    |                                                                                                        |                                                                                  |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION                             | 19b. MAJOR FINDINGS OF OPERATION <u>4201</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) m. | 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 Oct 4, 1950, to Jan 13, 1951, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|                                                             |                                   |                                                                    |
|-------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------|
| 23a. SIGNATURE <u>B. L. Garrison M.D.</u> (Degree or title) | 23b. ADDRESS <u>Clarence, Mo.</u> | 23c. DATE SIGNED <u>1/19/52</u>                                    |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>     | 24b. DATE <u>1-15-1951</u>        | 24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemty.</u>          |
|                                                             |                                   | 24d. LOCATION (City, town, or county) (State) <u>Shelbina, Mo.</u> |

|                                         |                                           |                                                                                        |
|-----------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------|
| DATE REC'D BY LOCAL REG. <u>1-21-52</u> | REGISTRAR'S SIGNATURE <u>Ada Garrison</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Barekelew Hawkins</u> ADDRESS <u>Shelbina, Mo.</u> |
|-----------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------|

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

MAY 22 1958

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.....

*W. H. Hawkes*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3498*

P. O. Address *Stillman, 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. . . .