

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

2184

State File No.

No. 300
10-48

FILED JAN 21 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>3050</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>		c. LENGTH OF STAY (in this place) <u>20 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>		<u>0782</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>703 Henrietta</u>				d. STREET ADDRESS (If rural, give location) <u>703 Henrietta</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine</u>		b. (Middle) _____		c. (Last) <u>Adams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 16, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>January 28, 1876</u>		9. AGE (in years last birthday) <u>75</u> If UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____	
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 <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Waynesboro, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Tom Frazier</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Adams</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 ADDRESS <u>Tom Adams 703 Henrietta C'ville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> <u>yes.</u> <u>yes</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>					
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above, cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Diabetes</u>					
		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 ☐ NO ☒	
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) <u>260X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>6-1-</u> , <u>1950</u> , to <u>1-16</u> , <u>1952</u> , that I last saw the deceased alive on <u>1-16</u> , <u>1952</u> , and that death occurred at <u>8:45 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Jay J. Cronan</u> (Degree or title) <u>DO.</u>				23b. ADDRESS <u>Caruthersville Mo</u>		23c. DATE SIGNED <u>1-16-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 17, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 17, 1952</u>		REGISTRAR'S SIGNATURE <u>Iessie B. Wilcox</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.S. Smith Funeral Home 308 Ward Ave. C'ville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

1-52-20

Rec JAN 18 1952

S. B. Beecher, M. D.,
Femiscot County Health Department,
Caruthersville, Missouri

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

Licensed Embalmer No. 4732

P. O. Address Caruthersville

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.