

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

367
DIED MAR 24 1952

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write BURIAL and give township) OR TOWN <u>Washington MO</u>		c. CITY (If outside corporate limits, write BURIAL and give township) OR TOWN <u>Washington MO</u>	
c. LENGTH OF STAY (In this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>539 E. 5th St.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>539 E 5th St.</u>		0367 0	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Genevra Ann</u> b. (Middle) <u>Adams</u> c. (Last) <u>Adams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 20 1952</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>W</u>	8. DATE OF BIRTH <u>July 24 1868</u>	9. AGE (In years last birthday) <u>82</u>	10. MONTHS <u>7</u> 11. DAYS <u>26</u> 12. HOURS <u>1</u> 13. 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 <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri, U.S.A.</u>	

13a. FATHER'S NAME <u>Riley Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Shelton</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
--	--	--------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>R.B. Adams</u> ADDRESS <u>Washington 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxy Phlebotomy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u> <u>? years</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) <u>old age</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washington MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4201</u>

22. I hereby certify that I attended the deceased from Feb 1952 to 20 Mar 1952, that I last saw the deceased alive on 20 Mar 1952, and that death occurred at 8:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Raymond Boesp, MD</u> (Degree or title)	23b. ADDRESS <u>Washington, MO</u>	23c. DATE SIGNED <u>22 Mar 52</u>
---	------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>	24b. DATE <u>Mar 22 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Butler Cent.</u>	24d. LOCATION (City, town, or county) (State) <u>Beaufort MO</u>
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>-</u>	REGISTRAR'S SIGNATURE <u>R.P. Heidmann</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E.H. Jennine</u> ADDRESS <u>Beaufort MO</u>
-----------------------------------	--	---

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

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 _____

E H Gemme

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *E H Gemme*

Licensed Embalmer No. *3076*

P. O. Address *Beaufort 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.