S. No. 300
Rev. 10.48

FILED MAR 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9174

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 13

0690
4

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

1. PLACE OF DEATH
a. COUNTY: MONROE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-JACKSON TWP.
c. LENGTH OF STAY (in this place): 11 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PLEASANT VIEW REST HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MONROE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PARIS 0690 8
d. STREET ADDRESS (If rural, give location): N. WASHINGTON

3. NAME OF DECEASED (Type or Print)
a. (First): JENNIE
b. (Middle):
c. (Last): ADAMS

4. DATE OF DEATH (Month) (Day) (Year): MAR. 20, 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: N.K.
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): N.K.
12. CITIZEN OF WHAT COUNTRY?: /

13a. FATHER'S NAME: N.K.
13b. MOTHER'S MAIDEN NAME: N.K.
14. NAME OF HUSBAND OR WIFE: N.K.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: INSTITUTIONAL RECORDS
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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile Marasmus — INTERVAL BETWEEN ONSET AND DEATH: N.K.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Stroke — N.K.

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 4221
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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 March 15, 1952 to 3-20, 1952, that I last saw the deceased alive on March 20, 1952 and that death occurred at 5:30A m., from the causes and on the date stated above.

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS: PARIS, MISSOURI
23c. DATE SIGNED: MAR 20 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-21-52
24c. NAME OF CEMETERY OR CREMATORY: WALNUT GROVE
24d. LOCATION (City, town, or county) (State): PARIS, MO.

DATE REC'D BY LOCAL REG.: 3-20-52
REGISTRAR'S SIGNATURE: 435-0 [signature] M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Speed & Blakey
ADDRESS: PARIS, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.