

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

19195

State File No.

FILED MAY 21 1952

BIRTH NO. REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4550 Registrar's No. 21

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

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emuice</u> b. (Middle) <u>Gertrude</u> c. (Last) <u>Adams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May</u> <u>12</u> , 1952		
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>August 20, 1868</u>	9. AGE (In years last birthday) <u>83 yrs.</u>	10. UNCLE 1 YEAR 1 MONTH 1 DAY 1 HOUR 1 MIN.
10a. USUAL OCCUPATION (If we kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>					

13a. FATHER'S NAME <u>Daniel Kemery</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kethren Anders</u>		14. NAME OF HUSBAND OR WIFE <u>James Jesse 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>James Jesse Adams</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>influenza</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>480X</u>		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) (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 4-30, 1952, to 5-12, 1952, that I last saw the deceased alive on 5-12, 1952, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. G. Ganten</u>		23b. ADDRESS <u>Maryville Mo</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-14-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Athelston Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Athelston, Iowa</u>					

DATE REC'D BY LOCAL REG. <u>May 17, 1952</u>		REGISTRAR'S SIGNATURE <u>Rita E. Dawson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank C. Dunsell, Grant City, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

1130
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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 _____

Bill Dunfee Student Embalmer No. 445
working under my personal supervision.

Student Bill Dunfee
Student Embalmer

Signed Arch C. Dunfee
Licensed Embalmer No. 3252

P. O. Address Grant City, 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.