

FILED JUL 11 1952

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 23308

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 6112 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Chaffee Rural Kershaw Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chaffee Rural Kershaw Twp</u>	
c. LENGTH OF STAY (in this place) <u>3 Mo</u>		d. STREET ADDRESS (If rural, give location) <u>R-2 Chaffee 1 mi S. on Highway 51</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>At Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Adams</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 28 1952</u>
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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>Sep 13, 1860</u>	9. AGE (In years last birthday) (If under 1 year: Months) (Days) (If under 24 hrs: Hours) (Min.) <u>91</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Engineer (Retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco. R.R.</u>	11. BIRTHPLACE (State or foreign country) <u>County West Meade Ireland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Adams</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Adams</u>	14. NAME OF HUSBAND OR WIFE <u>Elsie Adams</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If you, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs W Adams</u>	ADDRESS <u>Chaffee R-2 Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RESPIRATORY PARALYSIS</u>		<u>30 min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>COMPLETE MYOCARDIAL DECOMPENSATION 1 WK.</u> DUE TO (c) <u>AORTIC INSUFFICIENCY</u>		<u>6 mo.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PROSTATIC CA</u>		<u>3 YRS</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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NATURAL</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>NONE</u>
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22. I hereby certify that I attended the deceased from MAR 1, 1952, to JUNE 27, 1952, that I last saw the deceased alive on JUNE 27, 1952, and that death occurred at 5:27 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. J. Mosbach, D.O.</u>	23b. ADDRESS <u>CHAFFEE, MO</u>	23c. DATE SIGNED <u>7-1-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-30-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 3-52</u>	REGISTRAR'S SIGNATURE <u>Mrs Paul Bisplinghoff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bisplinghoff</u>	ADDRESS <u>Funerary Home Chaffee Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 7561 1. 700 JUL 7 1952  
SCOTT COUNTY HEALTH CENTER  
CO. FILE NO. 252-209  
7561 1 2 700

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

*Jack I. Burnett*

Licensed Embalmer No. 4473

P. O. Address *Chaffee, Mo.*

Signed.....  
Student Embalmer

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.