

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

30664

State File No.

FILED SEP 22 1952

BIRTH NO.		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>300.3</u>		Registrar's No. <u>74</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		<u>0051</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>523 - Scott St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Addison</u> b. (Middle) <u>Alphus</u> c. (Last) <u>Adams</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept - 13 - 1952</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug - 19 - 1873</u>	
9. AGE (In years last birthday) <u>79</u>		10. MONTHS <u>24</u>		11. BIRTHPLACE (State or foreign country) <u>Hanson Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pro-Merchant</u>		13a. FATHER'S NAME <u>Rollins Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Ward</u>	
13c. NAME OF HUSBAND OR WIFE <u>Ada Adams Monett</u>		14. NAME OF HUSBAND OR WIFE <u>Ada Adams Monett</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>498-28-1163</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Coy Wadley Monett</u>		17. ADDRESS <u>Monett</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, ashenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbidity 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></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 <u>332X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 19, 1952</u> to <u>Sept 13, 1952</u> that I last saw the deceased alive on <u>Sept 12, 1952</u> and that death occurred at <u>9 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>F. L. Edwards M.D.</u>		(Degree or title)		23b. ADDRESS <u>Monett, Mo.</u>		23c. DATE SIGNED <u>9-18-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-15-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellow Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Monett Lawrence Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-18-1952</u>		REGISTRAR'S SIGNATURE <u>Claver A Warrington</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Buchanan</u>		ADDRESS <u>Monett Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

17361 5 3 11/16

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. 3179

P. O. Address Monett 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.