

No. 300  
10. 48

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

32254

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 306

644  
1

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (In this place) _____	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		d. STREET ADDRESS (If rural, give location) <u>561 Flora</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence 561 Flora</u>		e. STREET ADDRESS (If rural, give location) <u>561 Flora</u>	

3. NAME OF DECEASED (Type or Print) <u>Malissie Lee Adams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 19, 1952</u>		
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>April 26, 1894</u>		9. AGE (In years last birthday) <u>58</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>XX</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Rolla Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	

13a. FATHER'S NAME <u>George W. Barnes</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Ann Graves</u>		14. NAME OF HUSBAND OR WIFE <u>Robert J. 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>XX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert J. Adams Hannibal Missouri</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cosman's Pharyngitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cosman's Schistosomiasis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Left Hemiplegia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u> <u>5 years</u> <u>5 yrs.</u> <u>3 years</u>
19a. DATE OF OPERATION _____		19b. NATURE OF OPERATION <u>Pyelitis left, Nephrotheliasis left</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 12-16-46 1946, to 9-19-52, 1952, that I last saw the deceased alive on 9-19-52, 1952, and that death occurred at 5:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>100 N. Sixth, Hannibal, Mo.</u>		23c. DATE SIGNED <u>9-29-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>September 22, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grandview Burial Park Hannibal Missouri</u>		24d. LOCATION (City, town, or county) (State) _____	
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DATE REC'D BY LOCAL REG. <u>10-2-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Hannibal Missouri</u>	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 6 1952

ARION CO. HEALTH DEPT

DATE FILED OCT 6 1952

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 W. Crawford Smith .....

Licensed Embalmer No. 7814 .....

P. O. Address Hannibal 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.