

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36091**

FILED NOV 10 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 357

942

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

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Flat River</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Desloge</b>	
c. LENGTH OF STAY (In this place) <b>2 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>205 S. Grant Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>223 Crane</b>			

3. NAME OF DECEASED (Type or Print) <b>Mary Francis Adams</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 31, 1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>April 3, 1874</b>	9. AGE (In years last birthday) <b>78</b>	# UNDER 1 YEAR Months <b>6</b> Days <b>28</b>	# UNDER 10 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Care of home</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Francois Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Thomas McClintock</b>	13b. MOTHER'S MAIDEN NAME <b>Louisa Bayless</b>	14. NAME OF HUSBAND OR WIFE <b>Joseph L. Adams</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Jess Ketcherside</b>	ADDRESS <b>Flat River, Mo.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intercranial hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3d</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>arteriosclerosis general</b>		
	DUE TO (b) <b>cardio-ventral degeneration</b>		
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 <b>331X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <b>SUICIDE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from May, 1952, to Oct 31, 1952; that I last saw the deceased alive on Oct 10, 1952, and that death occurred at 3:30 pm, from the causes and on the date stated above.

23a. SIGNATURE <b>H. C. Geisler M.D.</b>	23b. ADDRESS <b>Desloge, Mo.</b>	23c. DATE SIGNED <b>11-2-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/2/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Francois, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Nov 2, 1952</b>	REGISTRAR'S SIGNATURE <b>Eather Rudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Z. Boyer &amp; Son</b>	ADDRESS <b>Desloge, Mo.</b>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Dealya M.

**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.