

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42911

FILED JAN 6 - 1953

BIRTH NO. REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5821 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (Rural) Rt. 2				c. LENGTH OF STAY (in this place)			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (Rural) Rt.. 2 Matthews, Mo.			
d. STREET ADDRESS (If rural, give location) (Rural) Rt.. # 2 0720							
3. NAME OF DECEASED (Type or Print)		a. (First) Charles		b. (Middle) Francis		c. (Last) Adams	
4. DATE OF DEATH		December 4, 1952					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 7		8. DATE OF BIRTH Feb., 1, 1891		9. AGE (In years last birthday) 61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and State or Foreign Country) Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Dave Adams		13b. MOTHER'S MAIDEN NAME Samsie Todd		14. NAME OF HUSBAND OR WIFE Mamie May Adams			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mamie May Adams Rt. 2, Matthews, Mo			
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) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222				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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:25 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. H. Hildreth Coroner				23b. ADDRESS New Madrid, Mo		23c. DATE SIGNED 12/18/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-7-52		24c. NAME OF CEMETERY OR CREMATORY Dogwood		24d. LOCATION (City, town, or county) (State) Dogwood, Mississippi, Mo.	
DATE REC'D BY LOCAL REG. 1-3-52		REGISTRAR'S SIGNATURE Helen Lou Jones		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. M. Hildreth Home E. Prairie, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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

J. Edgar McMeikle

Licensed Embalmer No. *4695*

P. O. Address *E. Prairie, 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.