

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 9 1953

BIRTH NO.		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>4049</u>		Registrar's No. <u>6</u>		
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Centralia</u>		c. LENGTH OF STAY (in this place) <u>6 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Centralia</u> <u>0100</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Way Nursing Home</u>				d. STREET ADDRESS <u>RFD 1</u> (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>VINNIE</u> b. (Middle) <u>CROSS</u> c. (Last) <u>ADAMS</u>			4. DATE OF DEATH <u>Jan. 31, 1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>11-16-1875</u>		9. AGE (in years last birthday) <u>77</u>		10. MONTHS <u>2</u> DAYS <u>15</u> HOURS <u></u> MIN. <u></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>Homemaking</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James William Roberts</u>			13b. MOTHER'S MAIDEN NAME <u>Melinda C. Jennings</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Bascum Adams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. W. C. Adams, Centralia, 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>Debility</u> ANTECEDENT CAUSES Morbid 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>4500</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Post grippal condition</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>Unknown</u> <u>1 week</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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?				
22. I hereby certify that I attended the deceased from <u>Nov. 10, 1951</u> , to <u>Jan. 31, 1953</u> , that I last saw the deceased alive on <u>Jan. 30, 1953</u> and that death occurred at <u>11:15 PM</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>L. Lachance, M.D.</u> (Degree or title)				23b. ADDRESS <u>110 W. Sneed, Centralia, Mo.</u>		23c. DATE SIGNED <u>2-4-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-2-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Boone County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Feb 7-1953</u>		REGISTRAR'S SIGNATURE <u>Maud Mc Bride</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Bill B. Wells, Centralia, Mo.</u>				

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

FEB 20 1953

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 Bill J. Meador

Licensed Embalmer No. 4876

P. O. Address Centralia, Michigan

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.