

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8407

FILED FEB 1953
Original
303
Cap

REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Scott County</u>		2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lilbourn</u> <u>0720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Delta Community Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>---</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Meal</u> c. (Last) <u>Adams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>22</u> <u>12</u> <u>1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-13-1877</u>
9. AGE (In years last birthday) <u>75</u>		10. AGE (In years last birthday) <u>10</u>	11. AGE (In years last birthday) <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Charleston, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>George Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Ivy Pearl 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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Adams</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS <u>St. Louis, Missouri</u>	
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>auricular fibrillation</u> ANTECEDENT CAUSES Morbidity 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. <u>Hemiparesis of right leg</u> <u>4/331</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
19a. DATE OF OPERATION <u>2/12</u>		19b. MAJOR FINDINGS OF OPERATION <u>Hemiparesis of right leg</u> <u>occlusion of femoral artery</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>---</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>---</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>---</u>		22. I hereby certify that I attended the deceased from <u>2/8</u> , 1953, to <u>2/12</u> , 1953, that I last saw the deceased alive on <u>2/12</u> , 1953, and that death occurred at <u>2nd P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Wm. C. Cutchlow</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Sikeston, Mo</u>	
23c. DATE SIGNED <u>Feb 13, 1953</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-15-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Portageville, Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Portageville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd M. Russell</u>	
DATE REC'D BY LOCAL REG. <u>2-18-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Della Hunter</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>Lloyd M. Russell</u>		25. FUNERAL DIRECTOR'S ADDRESS <u>Lloyd M. Russell</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED **FEB 16 1959**
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 253-36

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Lloyd M. Russell
Licensed Embalmer No. 509-Ark

P. O. Address Piggott Ark

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.