

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10677

State File No.

BIRTH NO. FILED APR 14 1953 REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 5793 Registrar's No. 6

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

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>PUTAW LINN</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>PUTAW LINN 0680</u>	
c. LENGTH OF STAY (in this place) <u>11 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>NEAR LUPUS, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR LUPUS, Mo.</u>			

3. NAME OF DECEASED a. (First) <u>HYCH</u> b. (Middle) <u>TEEL</u> c. (Last) <u>ADAIT</u>			4. DATE OF DEATH <u>APRIL 4 - 1953</u> (Month) (Day) (Year)		
--	--	--	--	--	--

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>Aug. 23rd 1883</u>	9. AGE (in years last birthday) <u>69</u>	10. UNDER 1 YEAR <u>5</u> Months <u>11</u> Days	11. UNDER 2 HRS. <u>0</u> Hours <u>0</u> Min.
--------------------	-------------------------------	---	---	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM OWNER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>
---	---	--	---

13a. FATHER'S NAME <u>JOHN ADAIT</u>	13b. MOTHER'S MAIDEN NAME <u>CLARA CAVEY</u>	14. NAME OF HUSBAND OR WIFE <u>ADELINE ADAIT</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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Arch Adair</u> ADDRESS <u>Woodruff, Mo.</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		MEDICAL CERTIFICATION <u>Woodruff, Mo.</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
	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.		

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 Mar, 1950, to April 4, 1953, that I last saw the deceased alive on April 2, 1953, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. L. DeKraeger M.D.</u> (Degree or title)	23b. ADDRESS <u>Bronville Mo.</u>	23c. DATE SIGNED <u>4/10/53</u>
--	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APRIL 6 - 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CONCORD CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>JAMESTOWN Mo.</u>
---	---------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>april 12 - 1953</u>	REGISTRAR'S SIGNATURE <u>Gadwin Snow</u> 197-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>6. Albert Hornbeck</u> ADDRESS <u>Prairie Home</u>
---	--	--

mo

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 *Co. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Prairie Home 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.