

MAR 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10722

BIRTH NO. _____		REG. DIST. NO. 241		PRIMARY REG. DIST. NO. 4360		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>New Madrid</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Portageville</i>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Portageville 0721</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <i>8</i>			
3. NAME OF DECEASED (Type or Print)		a. (First) <i>Katie</i>		b. (Middle)		c. (Last) <i>Adams</i>	
4. DATE OF DEATH		(Month) <i>Mar</i>		(Day) <i>11</i>		(Year) <i>1953</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>Black</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>Aug 24 1895</i>	
9. AGE (In years last birthday) <i>57</i>		# UNDER 1 YEAR <i>6</i>		# UNDER 1 MONTH <i>17</i>		# UNDER 1 MIN. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>home</i>		11. BIRTHPLACE (State or foreign country) <i>Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Shelton Sweetenburg</i>		13b. MOTHER'S MAIDEN NAME <i>Lizzie</i>		14. NAME OF HUSBAND OR WIFE <i>Joseph Adams</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Joseph Adams - Portageville, Mo</i>			
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) <i>Chronic Bronchopneumonia</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senility & Gen. debility</i> DUE TO (c) <i>Hypertension; Poss. Hepatitis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>7</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>491X</i>				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) m.		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 <i>2-10</i> , 1953, to <i>3-1</i> , 1953, that I last saw the deceased alive on <i>2-10</i> , 1953, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <i>John J. Killian</i>		(Degree or title)		23b. ADDRESS <i>Mo. Portageville Mo</i>		23c. DATE SIGNED <i>3-10-53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Mar 12, 1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Portageville Mo</i>	
DATE REC'D BY LOCAL REG. <i>Mar. 12, 1953</i>		REGISTRAR'S SIGNATURE <i>Ellen DeLisle</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>DeLisle Funeral Parlor - Portageville Mo</i>			

(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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4481

P. O. Address. *Portageville 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.