

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13832

State File No.

FILED MAY 11 1953
BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 446

396

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Miller 1550	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) none 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital			

3. NAME OF DECEASED (Type or Print) Margaret Adamson			4. DATE OF DEATH (Month) (Day) (Year) May 5, 1953		
5. SEX Female	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr 17-1867	9. AGE (In years last birthday) 86	10. UNDER 1 YEAR Months 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home Kaper	11. BIRTHPLACE (State or foreign country) Texaco	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John Burk	13b. MOTHER'S MAIDEN NAME Sarah Fairer	14. NAME OF HUSBAND OR WIFE J. E. Adamson Miller Ky
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bob Adamson Greenfield Mo
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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		INTERVAL BETWEEN ONSET AND DEATH 104 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. arteriosclerosis DUE TO (c) Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		years	
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 April 22, 1953 to May 5, 1953 that I last saw the deceased alive on 5/4, 1953 and that death occurred at 12:25 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Miss D. Callaway	23b. ADDRESS Greenfield	23c. DATE SIGNED 5/5/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-5-53	24c. NAME OF CEMETERY OR CREMATORY Elm	24d. LOCATION (City, town, or county) (State) West Miller 10 mi Mo
DATE REC'D BY LOCAL REG. 5-7-53	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE 410 F. Smith	ADDRESS Mt Vernon 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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed H L Fossett

Licensed Embalmer No. 2201

P. O. Address MT Vernon Me

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.