. No. 300
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FILED JUN 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17611

State File No.

BIRTH NO. REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5428 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leslie, Mo. Boone Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. 0360
d. STREET ADDRESS (If rural, give location): Leslie Mo R#R.

3. NAME OF DECEASED (Type or Print)
a. (First): Nancy
b. (Middle): Ann
c. (Last): Adams

4. DATE OF DEATH (Month) (Day) (Year): May 17 1953

5. SEX: F 1
6. COLOR OR RACE: W. 1
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W. 2
8. DATE OF BIRTH: Feb. 13 1873
9. AGE (In years last birthday): 80
If under 1 year: Months 3 Days 4
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Beaufort Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph M Adams
13b. MOTHER'S MAIDEN NAME: Lucy A Adams
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Mayme Kermse
ADDRESS: Beaufort Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Conflagration -- Home
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): burned to the ground and
DUE TO (c): didn't get out. Body burned
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: completely beyond recognition

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: E 9160 16 036
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Leslie, Boone Franklin, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 17, 1953 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Home burned, didn't get out

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: Ernest L. Ottmann
(Degree or title): Coroner
23b. ADDRESS: Gerald Mo
23c. DATE SIGNED: May 18, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 20 53
24c. NAME OF CEMETERY OR CREMATORY: Butlers Cemetery
24d. LOCATION (City, town, or county) (State): Beaufort Mo

DATE REC'D BY LOCAL REG.: 5-19-53
REGISTRAR'S SIGNATURE: F. L. Matthews
25. FUNERAL DIRECTOR'S SIGNATURE: E. H. Lemme
ADDRESS: Beaufort Mo

(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 not embalmed by me, or by E H Jemme was not Embalmed Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed E H Jemme

Licensed Embalmer No. 3076

P. O. Address Beaufort 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.