

No. 300  
10-48

THE DIVISION OF HEALTH OF MASSACHUSETTS  
STANDARD CERTIFICATE OF DEATH

Dr. R. B. ...  
State File No. 22118

FILED JUN 29 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 308

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Boston</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>627 E. Boston</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>DIANTHA</u> a. (First) <u>ADAMS</u> b. (Middle) c. (Last)			4. DATE OF DEATH <u>June-20-1953</u> (Month) (Day) (Year)		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>2 Aug-5-1876</u>		9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>15</u> IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>North Salem Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John Head</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Nancy Vance</u>		13c. NAME OF HUSBAND OR WIFE <u>Robert L. Adams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Evelyn Gall</u> ADDRESS <u>Brookfield 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>  <u>10 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u>Senility</u>		
	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"/>
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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) (Min.)	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 June 20, 1953, to June 20, 1953, that I last saw the deceased alive on June 20, 1953, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. W. ...</u> (Degree or title)	23b. ADDRESS <u>211 Linn Brookfield Mo</u>	23c. DATE SIGNED <u>6/29/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/22-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Boston Cem</u>	24d. LOCATION (City, town, or county) (State) <u>New Boston Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-23-53</u>	REGISTRAR'S SIGNATURE <u>Madine Stambach</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Blacklock</u> ADDRESS <u>Brookfield Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 *J. H. Blacklock*

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.