

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22314

State File No. \_\_\_\_\_

FILED JUN 29 1953

BIRTH NO. \_\_\_\_\_

REG. DIST. NO. 261

PRIMARY REG. DIST. NO. 3048

Registrar's No. 128

## I. PLACE OF DEATH

a. COUNTY

Madaway

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Maryville

c. LENGTH OF STAY (in this place)

3 hrs

d. FULL NAME OF HOSPITAL OR INSTITUTION

St Francis Hospital

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

Worth

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Worth

mo 1120

d. STREET ADDRESS

(If rural, give location)  
no street Address 13. NAME OF DECEASED  
(Type or Print)

a. (First)

Janis

b. (Middle)

Elaine

c. (Last)

Adams

4. DATE OF DEATH

(Month)

(Day)

(Year)

June 15 1953

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Infant

## 8. DATE OF BIRTH

June 15 - 1953

## 9. AGE (in years last birthday)

0

0

0

3

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

## 10b. KIND OF BUSINESS OR INDUSTRY

none

## 11. BIRTHPLACE (City and State or Foreign Country)

Maryville mo

## 12. CITIZEN OF WHAT COUNTRY?

US

## 13a. FATHER'S NAME

Blaine Adams

## 13b. MOTHER'S MAIDEN NAME

Mable M Homes

## 14. NAME OF HUSBAND OR WIFE

none

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

No

## 16. SOCIAL SECURITY NO.

none

## 17. INFORMANT'S SIGNATURE OR NAME

Blaine Adams Worth mo

## ADDRESS

## 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)

## MEDICAL CERTIFICATION

Intracranial Hemorrhage

## INTERVAL BETWEEN ONSET AND DEATH

3 hours

## 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

7600

## 20. AUTOPSY?

YES ☐NO ☒

## 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)

(Month)

(Day)

(Year)

(Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1953, to June 15, 1953, that I last saw the deceased alive on June 15, 1953, and that death occurred at 10 P. M., from the causes and on the date stated above.

## 23a. SIGNATURE

(Degree or title)

## 23b. ADDRESS

## 23c. DATE SIGNED

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

## 24b. DATE

## 24c. NAME OF CEMETERY OR CREMATORY

## 24d. LOCATION (City, town, or county)

## (State)

## DATE REC'D BY LOCAL REG.

## REGISTRAR'S SIGNATURE

## 25. FUNERAL DIRECTOR'S SIGNATURE

## ADDRESS

6-27 53

Lessa Holt

John Anderson Grant City 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 embalmed by me, or by \_\_\_\_\_

John Andrews Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address Grant City 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.