

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24060

State File No. ....

REC'D JUL 27 1953

BIRTH NO. .... REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 248

0143  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Calloway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Scotland</u>	
b. CITY OR TOWN <u>Fulton</u>	c. LENGTH OF STAY (in this place) <u>10 yrs</u>	c. CITY OR TOWN <u>Gorin</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp Mo</u>		e. STREET ADDRESS (If rural, give location) <u>099</u>	

3. NAME OF DECEASED (Type or Print) <u>ELIZABETH ADAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 19 1953</u>		
a. (First)	b. (Middle)	c. (Last)			
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>12-13-1875</u>		9. AGE (In years last birthday) <u>77</u> if under 1 year <u>7</u> Months <u>27</u> Days <u>27</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
13a. FATHER'S NAME <u>Franklin Adams</u>			13b. MOTHER'S MAIDEN NAME <u>May Alderton</u>		14. NAME OF HUSBAND OR WIFE <u>Amma</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp Fulton Mo</u>		ADDRESS <u></u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
	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. <u>Fractured R Hip 7-10-1953</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222F</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?
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22. I hereby certify that I attended the deceased from 7-10, 1953, to 7-19, 1953, that I last saw the deceased alive on 7-18, 1953, and that death occurred at 9:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Ralph Hanko M.D.</u> (Degree or title)	23b. ADDRESS <u>Fulton mo</u>	23c. DATE SIGNED <u>7/19-53</u>
24a. BURIAL CREMATION REMOVAL (Specify)	24b. DATE <u>July 20 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dear Creek Cem Memphis Mo</u>
24d. LOCATION (City, town, or county) <u>Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin Funeral Home Fulton Mo</u> ADDRESS <u></u>	
DATE REC'D BY LOCAL REG. <u>July 24 1953</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> 4260	(Licensed Embalmer's Statement on Reverse Side)

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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.....  
Signature of Student Embalmer

Signed *J. J. Ross*.....

Licensed Embalmer No. *255*.....

P. O. Address *Fulton*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.