

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **26051**

0942
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LED AUG 3 1953

BIRTH NO. _____ REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 263

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) Flat River	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) Flat River 0942	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 101 Coffman D	

3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) LEE c. (Last) ADAMS			4. DATE OF DEATH (Month) (Day) (Year) July 28, 1953		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH. July 26, 1872		9. AGE (In years last birthday) 81 <small>IF UNDER 1 YEAR: Months Days</small> <small>IF UNDER 12 HRS. Hours Min.</small>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jeweler		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) / Tenn.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Henry Adams		13b. MOTHER'S MAIDEN NAME Ocie Caldwell		14. NAME OF HUSBAND OR WIFE Grace Cattle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Crestus C. Adams St. Louis, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> <u>Chronic Myocarditis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221				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 7-26-1953 to 7-28-1953, that I last saw the deceased alive on 7-28-1953, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. D. Bond</u>		23b. ADDRESS Flat River, Mo		23c. DATE SIGNED July-30-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July-30-1953		24c. NAME OF CEMETERY OR CREMATORY St. Francois Memo	
		24d. LOCATION (City, town, or county) (State) St. Francois Co. Mo			

DATE REC'D BY LOCAL REG. July 30, 1953		REGISTRAR'S SIGNATURE <u>E. O. Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SPARKS FUNERAL HOME, Flat River Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 19 1959

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 Murphy Sparks
Licensed Embalmer No. 4256
P. O. Address East River Ave

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.