S. No. 300
v. 10.48

0602

FILED SEP 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32212

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3030 Registrar's No. 81

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Festus
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 Missouri b. COUNTY Miss.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) East Prairie
d. STREET ADDRESS (If rural, give location) 067/1

3. NAME OF DECEASED (Type or Print) a. (First) ELZA b. (Middle) THOMAS c. (Last) ADAMS

4. DATE OF DEATH (Month) Aug. (Day) 13, (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Aug. 4, 1901
9. AGE (In years last birthday) 52 IF UNDER 1 YEAR Months 0 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and State or Foreign Country) Terre Haute, Ind.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ephriam Adams
13b. MOTHER'S MAIDEN NAME Myrtle June Rosel
14. NAME OF HUSBAND OR WIFE Ruby Pauline Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk. (If yes, give war or dates of service) unk.
16. SOCIAL SECURITY NO. unk.
17. INFORMANT'S SIGNATURE OR NAME Ruby Adams ADDRESS East Prairie, 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) Cerebral Hemorrhage

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. —

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION — 331X
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) m.
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* Aug 13, 1953, *to* Aug 13, 1953, *that I last saw the deceased alive on* Aug 13, 1953, *and that death occurred at* 1:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Zetula Zeigner, W.O.
23b. ADDRESS Festus, Mo.
23c. DATE SIGNED 8/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 15, 1953
24c. NAME OF CEMETERY OR CREMATORY W.O.W. Cemetery
24d. LOCATION (City, town, or county) East Prairie, (State) Mo.

DATE REC'D BY LOCAL REG. 8-19-53
REGISTRAR'S SIGNATURE Gentry R. Pollitt 444
25. FUNERAL DIRECTOR'S SIGNATURE Travis Shelby ADDRESS East Prairie, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED SEP 9 1953

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.