

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

36311

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

Registrar's No. 99

FILED OCT 29 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160

PRIMARY REG. DIST. NO. 589

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jefferson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Joachim</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. ANNS</u> d. STREET ADDRESS (If rural, give location) <u>10688 ST. AUGUSTINE CT.</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>R.</u> c. (Last) <u>Adams</u> <b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Oct. 24, 1953</u> <b>5. SEX</b> <u>Male</u> <b>6. COLOR OR RACE</b> <u>White</u> <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>MARRIED</u> <b>8. DATE OF BIRTH</b> <u>July 29, 1909</u> <b>9. AGE</b> (In years last birthday) <u>44</u> <b># UNDER 1 YEAR</b> <u>7</u> <b>Months</b> <u>7</u> <b>Days</b> <u>7</u> <b># UNDER 24 HRS.</b> <u>7</u> <b>Hours</b> <u>7</u> <b>Mins.</b> <u>7</u> <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>machinist</u> <b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Shoe Co.</u> <b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Cape Girardeau, Mo.</u> <b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		
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<b>13a. FATHER'S NAME</b> <u>James W. Adams</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Annie McCarren</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Esther</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>—</u> (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b> <u>—</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. C.R. Adams</u> <b>ADDRESS</b> <u>St. Anns, Mo.</u>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Skull Fracture</u> ANTECEDENT CAUSES <u>Auto Accident</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>8234</u> <u>32</u>
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<b>19a. DATE OF OPERATION</b> <u>—</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>—</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>Accident</u> <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway - auto accident</u> <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>7 mi South Interstate, Jeff. Mo</u> <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>Oct. 21, 1953</u> <u>6:5 PM</u> <b>21e. INJURY OCCURRED</b> <u>WHILE AT WORK</u> <input checked="" type="checkbox"/> <u>NOT WHILE AT WORK</u> <input type="checkbox"/> <b>21f. HOW DID INJURY OCCUR?</b> <u>Car skidded off Road</u>		

**22. I hereby certify that I attended the deceased from** 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 7:00 PM, from the causes and on the date stated above.

<b>23. SIGNATURE</b> (Degree or title) <u>J. B. Edwards, M.D. 3rd Coroner</u> <b>23b. ADDRESS</b> <u>Edson Hill Mo</u> <b>23c. DATE SIGNED</b> <u>Oct. 24, 53</u>	<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>BURIAL</u> <b>24b. DATE</b> <u>Oct. 24, 53</u> <b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>VAL HALLA</u> <b>24d. LOCATION (City, town, or county) (State)</b> <u>ST. LOUIS CO. MO.</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>10-21-53</u> <b>REGISTRAR'S SIGNATURE</b> <u>Sanbury R. Pollock</u> <b>444-0</b> <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Sanbury R. Pollock</u> <b>ADDRESS</b> <u>Crystal City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 500

10-48

500  
3

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED OCT 28 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

Gentry R. Pollette

Licensed Embalmer No.

3481

P. O. Address

Capital City

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.