

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39782

FILED DEC 8 1953

State File No. ....

BIRTH NO. .... REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW MADRID.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW MADRID.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NO</u>		d. STREET ADDRESS <u>0721 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MURRA</u> b. (Middle) <u>KAY</u> c. (Last) <u>ADAMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV-19-1953</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED (Never married, widowed, divorced, specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>SEPT-25-1952</u>
9. AGE (In years last birthday) <u>1</u> <u>2</u>		10. AGE (In years last birthday) <u>1</u> <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (State or foreign country) <u>NEW MADRID. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>ROBERT ADAMS.</u>		13b. MOTHER'S MAIDEN NAME <u>ORA YOUNG</u>		14. NAME OF HUSBAND OR WIFE <u>—</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>ORA YOUNG, NEW MADRID. MO.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute Bronchitis - Broncho -</u>		INTERVAL BETWEEN ONSET AND DEATH	

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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>491X</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) (Min.)		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 <u>Nov 16, 1953</u> , to <u>Nov 29, 1953</u> , that I last saw the deceased alive on <u>Nov 16, 1953</u> , and that death occurred at <u>3:30 P.</u> m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Orville B. Chandler M.D.</u>		23b. ADDRESS <u>New Madrid MO</u>		23c. DATE SIGNED <u>11/20/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov-20-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Portageville</u>		24d. LOCATION (City, town, or county) (State) <u>PORTAGEVILLE MO</u>	
DATE REC'D BY LOCAL REG. <u>12-1-53</u>		REGISTRAR'S SIGNATURE <u>Nelew Road Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Hedges</u>		ADDRESS <u>New Madrid. Mo</u>	

**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 \_\_\_\_\_

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

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**