

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**2026**

State File No. ....

FILED JAN 19 1954

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 204A Registrar's No. 1

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Madison</u>		<b>2. USUAL RESIDENCE</b> , (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Erath</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u>		c. CITY (If outside corporate limits; write RURAL and give township) OR TOWN <u>Dublin</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Route #5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>131 W. Main St.</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Lloyd</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>McAdams</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Jan. 9, 1954</u>
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Divorced</u>	<b>8. DATE OF BIRTH</b> <u>Oct. 23, 1909</u>	<b>9. AGE</b> (In years last birthday) <u>44</u>	<b>10. UNDER 1 YEAR</b> Months <u>2</u> Days <u>17</u>	<b>11. UNDER 1 HRS.</b> Hours <u>1</u> Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Pipe fitter</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Pipe Fitting</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Texas</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>L. M. McAdams</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Josephine Co</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>- - -</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>461-05-2902</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Myrtle Strong</u>	<b>ADDRESS</b> <u>Dublin, Texas</u>
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<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>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  --
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coroners Jury Verdict; The deceased came to his death by overdose of drugs</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> _____ <b>DUE TO (c)</b> _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b> <u>---</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>None</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Fredericktown Madison Mo.</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>Jan. 9, 1954 4:00 a.m.</u>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____
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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 \_\_\_\_\_ m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Sam Najim Jr.</u> (Degree or title) <u>Coroner of Madison Co., Mo.</u>	<b>23b. ADDRESS</b> <u>Fredericktown, Missouri</u>	<b>23c. DATE SIGNED</b> <u>1-9-54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>1/12/54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Upper Greens Creek Cem.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Dublin, Texas</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>1-19-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Florence Hicks</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Najim Funeral Home</u>	<b>ADDRESS</b> <u>Fredericktown, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FREDERICK TOWN, M.O.  
RECORDED  
FEB 8 1957  
FILE No. 12342

FEB 8 1957

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

*Charles Mathey*

Licensed Embalmer No. 4852

P. O. Address Fredesicktown, Mo

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.