

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7491

State File No.

FILED MAR 15 1954

BIRTH NO.		REG. DIST. NO. 337		PRIMARY REG. DIST. NO. 4497		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY <u>3 HELDY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>3 HELDY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLARENCE</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>CLARENCE</u> 1020			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME CLARENCE MO</u>				d. STREET ADDRESS (If rural, give location) <u>CLARENCE MO</u>			
3. NAME OF DECEASED (Type or Print) <u>MAMIE</u>		a. (First) <u>MAMIE</u>		b. (Middle) <u>V</u>		c. (Last) <u>ADAMS</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>APRIL 4 1878</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>PENNSYLVANIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>WARREN ST. JOHN</u>		13b. MOTHER'S MAIDEN NAME <u>V</u>		14. NAME OF HUSBAND OR WIFE <u>HIRAM ADAMS</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>MADEL BARTON</u> ADDRESS <u>SEDALIA 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anti circulatory collapse</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral thrombosis</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>myocardial inefficiency</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>5 hours</u> <u>3 years</u> <u>unk.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>332 X</u> 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) (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>3-5-</u> <u>1954</u> , to <u>3-7-</u> <u>1954</u> , that I last saw the deceased alive on <u>3-7-</u> <u>1954</u> , and that death occurred at <u>4:30 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Alfred R. Hillebrand</u>				23b. ADDRESS <u>Clarence, mo</u>		23c. DATE SIGNED <u>3-9-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>UNBURIED</u>		24b. DATE <u>3-10-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLEWOOD CEMT</u>		24d. LOCATION (City, town, or county) (State) <u>CLARENCE MO</u>	
DATE REC'D BY LOCAL REG. <u>3-11-54</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles V. Greening</u>		ADDRESS <u>Clarence Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 17 1954

MAY 4 1954

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 V. Greening

Licensed Embalmer No. 4628

P. O. Address

Charles 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.