

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

7579

State File No.

FILED MAR 3 1954 BIRTH NO. REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6258 Registrar's No.

1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wayne	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Silva		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Silva	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Newton c. (Last) Adams			4. DATE OF DEATH (Month) (Day) (Year) 2 20 54		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 2, 1880	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 1 Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Wayne County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME David Adams		13b. MOTHER'S MAIDEN NAME Callie Wittmore		14. NAME OF HUSBAND OR WIFE Maude M. Adams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bertha Hughes Lodi, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ejection 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 5 min	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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) Silva Wayne Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marion E. Bowler, Colonel		23b. ADDRESS Bedmont, Mo.		23c. DATE SIGNED 2/22/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/22/54		24c. NAME OF CEMETERY OR CREMATORY Antioch	
24d. LOCATION (City, town, or county) near Lodi, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Gish Funeral Home		ADDRESS Greenville, Mo.	

DATE REC'D BY LOCAL REG. **Feb 26 1954** REGISTRAR'S SIGNATURE **Bertha Hughes** 495-0

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAR 1 1954

WAYNE CO. HEALTH CENTER

FILE No. 354-10

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 _____

Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Marvin E. Brule

Licensed Embalmer No. 4426

P. O. Address

Detroit

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.