

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

**7848**

No. 300  
10.48

BIRTH NO. REC APR 8 1954 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 State File No. 213  
Registrar's No. 213

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Butler</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN <u>Poplar Bluff</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>Channon St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Lillie</u> b. (Middle) <u>Diggs</u> c. (Last) <u>Adams</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>3/23/1954</u>		
<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	
<b>8. DATE OF BIRTH</b> <u>3/27/1886</u>		<b>9. AGE</b> (In years last birthday) <u>77</u>		<b>10. UNDER 1 YEAR</b> Months <u>0</u> Days <u>2</u> Hours <u>4</u> Min. <u>0</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>MO</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>					

<b>13a. FATHER'S NAME</b> <u>Jackson</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Chalon Adams</u>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mrs Jim Connis Poplar Bluff, Mo</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> <u>1 day</u>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Occlusion</u>					
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
		<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>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4201</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.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
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**22. I hereby certify that I attended the deceased from 3-22, 1954, to 3-23, 1954, that I last saw the deceased alive on 3-23, 1954, and that death occurred at 3:55A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>W. G. [Signature] MD</u>		<b>23b. ADDRESS</b> <u>Poplar Bluff, Missouri</u>		<b>23c. DATE SIGNED</b> <u>3-29-54</u>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>3/26/1954</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Woodlawn Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Poplar Bluff, Missouri</u>	
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<b>DATE REC'D BY LOCAL REG</b> <u>3/30/54</u>		<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>[Signature] Croy &amp; Fitch Poplar Bluff, MO</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
APR 5 - 1954  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

MS JUL 18 1960

APR 8

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 Joseph R. Matlock

Licensed Embalmer No. 4824

P. O. Address Raymond, Bluff, 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.