

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

BIRTH NO. _____ REG. DIST. NO. 365 PRIMARY REG. DIST. NO. 6240 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>WASHINGTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>WASHINGTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DELBIDGE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DELBIDGE</u> <u>1100</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>RACHEL</u> b. (Middle) <u>VICTORY</u> c. (Last) <u>ADAMS</u>			4. DATE OF DEATH <u>July 15 - 1954</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 28 - 1872</u>
9. AGE (In years last birthday) <u>82</u>		10. UNDER 1 YEAR Months <u>0</u> Days <u>17</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SCOTIA, MISSOURI</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>LEVI OSBORN</u>		13b. MOTHER'S MAIDEN NAME <u>ADELINE MICHAEL</u>	14. NAME OF HUSBAND OR WIFE <u>CHARLES ADAMS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. MARTHA BARRETT - 1279 PURCELL - ST. LOUIS, 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* (a) <u>CEREBRAL HEMORRHAGE</u> INTERVAL BETWEEN ONSET AND DEATH <u>28 hours</u> ANTECEDENT CAUSES DUE TO (b) <u>My partens sine Cardiovascular disease</u> <u>7 years</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) <u>443 X</u>	
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>January, 1952</u> , to <u>July 15, 1954</u> , that I last saw the deceased alive on <u>July 14, 1954</u> , and that death occurred at <u>5:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edward W. Lake 2 DO.</u>		23b. ADDRESS <u>P.O. Box 1, Mo.</u>	23c. DATE SIGNED <u>July 23, 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-17-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>TURNBAUGH CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>PARISVILLE, MO.</u>
DATE REC'D BY LOCAL REG. <u>7-30-54</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella White</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas S. Halliday STEELVILLE, MO.</u>	

RECEIVED

AUG 4 1954

WASH. COUNTY HEALTH DEPT.

File No. _____

AUG 5 1954

FEB 26 1951

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 Thomas R. Hackett

Licensed Embalmer No. 4337

P. O. Address Steelville, 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.