

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33157

XC-929 75 85
RN-7588

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 526

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN Essex d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital		e. STREET ADDRESS (If rural, give location) Route #1 1020	

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) (NMI) c. (Last) ADAMS			4. DATE OF DEATH (Month) (Day) (Year) October 19, 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 28, 1912	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (If he kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpentry	11. BIRTHPLACE (City and State or Foreign Country) Marion, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JOHN Q. ADAMS		13b. MOTHER'S MAIDEN NAME ANNIE SHADWOEN		14. NAME OF HUSBAND OR WIFE VIVIAN ADAMS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO. 0389183267		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Cerebral Hemorrhage			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) Chronic Glomerulonephritis, severe			
		DUE TO (c) Arterial Hypertension			
		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 10-18, 1954, to 10-19, 1954, and that death occurred at 2:55a. m., from the causes and on the date stated above.

23a. SIGNATURE HARRY J. PRICE, M.D. Chief Med. Ser.		23b. ADDRESS VA Hospital Poplar Bluff, Mo.		23c. DATE SIGNED 10-19-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/19/54		24c. NAME OF CEMETERY OR CREMATORY Taylor	
24d. LOCATION (City, town, or county) (State) Fishers Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Sherrill P. B. No.		ADDRESS	
DATE REC'D BY LOCAL REG. 10/22/54		REGISTRAR'S SIGNATURE [Signature]		409	

RECEIVED
OCT 25 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *Wallace N. Fitch*.....

Licensed Embalmer No. 31

P. O. Address *Poplar Bluff*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.