

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34769

State File No.

FILED OCT 28 1954

BIRTH NO.		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>3049</u>		Registrar's No. <u>151</u>	
1. PLACE OF DEATH a. COUNTY <u>Demarest</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Demarest</u>			
b. CITY OR TOWN <u>Hayti</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY OR TOWN <u>Hayti</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Demarest Memorial Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Route apt. 3</u> 078/0			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>REBECCA</u>		b. (Middle) <u>ADALINE</u>		c. (Last) <u>ADAMS</u>	
5. SEX <u>7</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct-9-1882</u>	
9. AGE (in years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>2</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hayti Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Noble</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Prager</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Mo.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Adams Hayti Mo.</u> ADDRESS <u>Hayti 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>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebrovascular accident - left hemiplegia</u> 9 days			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 <u>5-29</u> , 19 <u>51</u> , to <u>9-29</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>9-29</u> , 19 <u>57</u> , and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C.D. Kersch</u>		23b. ADDRESS <u>Mo. Hayti, Mo.</u>		23c. DATE SIGNED <u>10-2-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-30-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Portageville</u>		24d. LOCATION (City, town, or county) (State) <u>Portageville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-6-54</u>		REGISTRAR'S SIGNATURE <u>John W. Herman</u> 406-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge & Co. Cantonment Mo.</u> ADDRESS <u>Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

10-228-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

10-26-54

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.....
Signature of Student Embalmer

Signed *Noel C. Dean*

Licensed Embalmer No. *394*

P. O. Address *Caruthersville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.