

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

38053

State File No.

FILED NOV 22 1954

BIRTH NO.		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>5779</u>		Registrar's No. <u>48</u>	
1. PLACE OF DEATH a. COUNTY <u>MILLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-FRANKLIN</u>		c. LENGTH OF STAY (In this place) <u>20495</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-FRANKLIN 0660</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>RURAL-7mi-S-W-ELDON</u>				d. STREET ADDRESS (If rural, give location) <u>RURAL-7mi-S-W-ELDON</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice-</u>		b. (Middle) <u>MARGARET</u>		c. (Last) <u>Adams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>6 Feb 1866</u>	
9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		11. BIRTHPLACE (State or foreign country) <u>Camden-Co-Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William-Howser</u>		13b. MOTHER'S MAIDEN NAME <u>Mary-Jane-Kelsey</u>		14. NAME OF HUSBAND OR WIFE <u>Isaac-Adams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Agnes-Cram</u>		ADDRESS <u>ELDON-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>Senility</u> ANTECEDENT CAUSES Morbid 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>Arteriosclerosis.</u>				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>1950</u> to <u>Nov 4</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Nov 1</u> , 19 <u>54</u> , and that death occurred at <u>3:15</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. O. Shelton M.D.</u>				23b. ADDRESS <u>ELDON Mo.</u>		23c. DATE SIGNED <u>5 Nov 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6 Nov-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dooley</u>		24d. LOCATION (City, town, or county) (State) <u>MILLER-Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 5, 54</u>		REGISTRAR'S SIGNATURE <u>Edw. W. Walt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Fays</u>		ADDRESS <u>ELDON Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

NOV 1954

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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

Licensed Embalmer No.

P. O. Address

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.