

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39822**

FILED NOV 22 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4482 Registrar's No. 51

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

1. PLACE OF DEATH a. COUNTY <u>SCOTLAND</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTLAND</u>	
b. CITY (If outside corporate limits, write RURAL and give township): <u>MEMPHIS</u>		c. CITY OR TOWN <u>SAME</u>	
c. LENGTH OF STAY (In this place) <u>17 YRS</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0990</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM ALEXANDER</u>	b. (Middle) <u>ADAMS</u>	c. (Last) <u>ADAMS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 6 1954</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>7-7-1871</u>	9. AGE (In years last birthday) <u>83</u>	10. IF UNDER 1 YEAR (Days)	11. IF UNDER 12 HRS (Hours)	12. IF UNDER 1 MIN. (Min.)
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>SCOTLAND Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN W. ADAMS</u>	13b. MOTHER'S MAIDEN NAME <u>MARY N. JONES</u>	14. NAME OF HUSBAND OR WIFE <u>IVALEE ADAMS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 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 <u>Mrs. Lewis Stone</u>	ADDRESS <u>MEMPHIS</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u> <u>8 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 Mar 20, 1948, to Nov. 6, 1954, that I last saw the deceased alive on Nov. 6, 1954, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L E Lowe D D</u>	(Degree or title)	23b. ADDRESS <u>Memphis Mo</u>	23c. DATE SIGNED <u>11-8-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-8-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HICKORY GROVE</u>	24d. LOCATION (City, town, or county) (State) <u>SCOTLAND Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>11/19/54</u>	REGISTRAR'S SIGNATURE <u>Vera B. Turner</u>	476-	25. FUNERAL DIRECTOR'S SIGNATURE <u>V W Payne &amp; Sons</u>	ADDRESS <u>Memphis, Mo</u>
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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.....  
Signature of Student Embalmer

Signed *Neal Payne*.....

Licensed Embalmer No. *7559*

P. O. Address *Memphis*

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.