

FILED JAN 3 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12071  
33

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>	
1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MONTGOMERY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>JONESBURG 0700</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) <u>ELIZABETH MAE ADAMS</u>		a. (First)		b. (Middle)	
c. (Last)		4. DATE OF DEATH		(Month) (Day) (Year) <u>Dec 26-54</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>July 18-1890</u>	9. AGE (In years last birthday) <u>64</u>	10. MONTHS <u>5</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		11. BIRTHPLACE (State or foreign country) <u>Waver County Mo</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>John Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Allice Buffitt</u>	
14. NAME OF HUSBAND OR WIFE <u>Levi Adams</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>494-22-4989</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Meyer</u>		ADDRESS <u>Fulton 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.	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pericarditis &amp; effusion</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>Arteriosclerotic cardiovascular Dis.</u>	
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) 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>Dec 19, 1954</u> , to <u>Dec 26, 1954</u> , that I last saw the deceased alive on <u>Dec 25, 1954</u> , and that death occurred at <u>2:30</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Edw. L. ...</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>114 N. Main St. Charles Mo</u>	
23c. DATE SIGNED <u>12-29-54</u>		24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE <u>Dec 28/54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Jonesburg Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jonesburg Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James Handman</u>	
DATE REC'D BY LOCAL REG. <u>Dec 29 1954</u>		REGISTRAR'S SIGNATURE <u>284-C</u>		ADDRESS <u>Jonesburg Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Student Embalmer No. ....

Licensed Embalmer No. 4115

P. O. Address Jonsbury Me

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.