

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7110

State File No. ....

FILED MAR 16 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 8000 Registrar's No. 63

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>ADAIR</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>ADAIR</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u> |  | c. CITY OR TOWN <u>KIRKSVILLE</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>LIFE</u>  |  | e. STREET ADDRESS (If rural, give location) <u>713 W. DOBSON</u>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NURSING HOME # 2</u>                                |  |   |   |

|                                     |                         |                            |                        |   |
|-------------------------------------|-------------------------|----------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>CHARA</u> | b. (Middle) <u>BRIDDLE</u> | c. (Last) <u>ADAMS</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>3 8 1955</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>4-23-1880</u> | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 100 HRS. Hours _____ Mins. _____ |
|----------------------|-------------------------------|---|-----------------------------------|---|---|---|

|  |  |   |  |
|--|--|---|--|
| 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 <u>L</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>ADAIR Co. Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> |
|--|--|---|--|

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME <u>JAMES BRIDDLE</u> | 13b. MOTHER'S MAIDEN NAME <u>ELVERA ADAMS</u> | 14. NAME OF HUSBAND OR WIFE <u>THEODORE ADAMS</u> |
|---|---|---|

|   |                                  |  |                                |
|---|----------------------------------|--|--------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>L</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>TED ADAMS</u> | ADDRESS <u>KIRKSVILLE, Mo.</u> |
|---|----------------------------------|--|--------------------------------|

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|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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>Medullary failure</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>12 hours</u><br><br><u>10 days</u><br><br><u>Indefinite</u><br><br><u>8 days</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cerebral Thrombosis</u> |  |   |
|   | DUE TO (c) <u>arteriosclerosis</u>   |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>low grade Pneumonitis</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) | 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 May 31, 1954 to March 8, 1955, that I last saw the deceased alive on March 7, 1955, and that death occurred at 1:25 P. m., from the causes and on the date stated above.

|   |   |                                      |
|---|---|--------------------------------------|
| 23a. SIGNATURE <u>A. M. Tilly</u> (Degree or title) | 23b. ADDRESS <u>800. W. Jefferson St. Kirksville, Mo.</u> | 23c. DATE SIGNED <u>Mar. 8, 1955</u> |
|---|---|--------------------------------------|

|   |                          |  |   |
|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>3-10-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>HIGHLAND PARK C.</u> | 24d. LOCATION (City, town, or county) (State) <u>KIRKSVILLE, MO</u> |
|---|--------------------------|--|---|

|   |   |  |                                |
|---|---|--|--------------------------------|
| DATE REC'D BY LOCAL REG. <u>3-10-55</u> | REGISTRAR'S SIGNATURE <u>Hate Lambert</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>David King</u> | ADDRESS <u>Kirksville, Mo.</u> |
|---|---|--|--------------------------------|

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 ..... Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Harold V. King* .....

Licensed Embalmer No. *42* .....

P. O. Address *Richmond* .....

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.