

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23091**

BIRTH NO. _____		REG. DIST. NO. 272		PRIMARY REG. DIST. NO. 3912		Registrar's No. 26	
1. PLACE OF DEATH a. COUNTY Boonville				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boonville			
b. CITY (If outside corporate limits, write RURAL and give township) Steele		c. LENGTH OF STAY (in this place) 32 yrs		c. CITY OR TOWN Steele		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) Route 3			
3. NAME OF DECEASED (Type or Print) a. (First) Nelson		b. (Middle) B		c. (Last) Adams		4. DATE OF DEATH (Month) (Day) (Year) 7-19-55	
5. SEX M		6. COLOR OR RACE Cal		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 3-27-1878	
9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR Months 3		11. IF UNDER 24 HRS. Days 22		12. IF UNDER 1 HRS. Hours 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Miss		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Lesley Buchanan		ADDRESS Steele Rt 3	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) No Medical Aid ANTECEDENT CAUSES DUE TO (b) old age DUE TO (c) No fault play II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 794X				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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L. O. Robinson				23b. ADDRESS L. O. Robinson		23c. DATE SIGNED 7-23-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 7-20-55		24c. NAME OF CEMETERY OR CREMATORY Holly Grove		24d. LOCATION (City, town, or county) (State) Steele Mo	
DATE REC'D BY LOCAL REG. 7-25-55		REGISTRAR'S SIGNATURE L. O. Robinson		25. FUNERAL DIRECTOR'S SIGNATURE German Smith Co.		ADDRESS Steele Mo	

7-214-55

JUL 27 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *John H. Hermer*

Licensed Embalmer No. *435*

P. O. Address *Hayti, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.