

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34213**

FILED NOV 15 1955

BIRTH NO. _____		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>3450</u>		Registrar's No. <u>91</u>	
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>			
c. LENGTH OF STAY (in this place) <u>10 Yrs.</u>				d. STREET ADDRESS (If rural, give location) <u>412 E. 14th. Street</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>412 E. 14th. Street</u>				d. STREET ADDRESS (If rural, give location) <u>412 E. 14th. Street</u>			
3. NAME OF DECEASED (Type or Print) <u>Mary Adams</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>November 5, 1955</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>About 1875-70</u>	
9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>70</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Crawfordville, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</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 <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Crawfordville, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Bill Adkins</u>		13b. MOTHER'S MAIDEN NAME <u>Millie Adams</u>		14. NAME OF HUSBAND OR WIFE <u>X</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>Francis Macklin</u>		ADDRESS <u>412 E. 14th. St. Caruthersville, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Immune System Deficiency</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</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) <u>C532</u> 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>4 Nov</u> , 19 <u>55</u> , to <u>5 Nov</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5 Nov</u> , 19 <u>55</u> , and that death occurred at <u>5:05 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Francis Macklin</u> (Degree or title)				23b. ADDRESS <u>Caruthersville, Mo</u>		23c. DATE SIGNED <u>7 Nov 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 6, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov 7, 1955</u>		REGISTRAR'S SIGNATURE <u>Thelma B. Wilkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Smith</u>		ADDRESS <u>Funeral Home C2Ville. Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

11-317-25

NOV 14 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

Student Embalmer

Signed

W. Denver Fike

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville, Mo.*

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.