

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37660

FILED DEC 9 1955

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>5905</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Lemercat</u>				2. USUAL RESIDENCE (Where deceased lived) Institution: (residence before a. STATE <u>Mo</u> b. COUNTY <u>Lemercat</u>			
b. CITY OR TOWN <u>Rural Gadair</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>Gadair</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Leroy</u> c. (Last) <u>Adams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 2 1955</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar. 24 1874</u>		9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>8</u>	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lemercat Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Simeon Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie (?)</u>		14. NAME OF HUSBAND OR WIFE <u>Annie 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. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arnel Adams Portageville 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Cerebral-vascular accident</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u> <u>5 yrs.</u> <u>6 mos</u>
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)		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>Aug</u> , 19 <u>55</u> , to <u>Nov</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>25 Nov</u> , 19 <u>55</u> , and that death occurred at _____ m. from the causes and on the date stated above.							
23a. SIGNATURE <u>R.S. Smith M.D.</u> (Degree or title)				23b. ADDRESS <u>Portageville, Mo.</u>		23c. DATE SIGNED <u>3 Dec.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 4 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Portageville Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Portageville Mo</u>		
DATE REC'D BY LOCAL REG. <u>12-5-55</u>		REGISTRAR'S SIGNATURE <u>John W German</u> <u>406-</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DeWeste Funeral Parlor - Portageville Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

12-348-55

DEC 7 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 *Joseph A. [Signature]*
Licensed Embalmer No. *44*

P. O. Address *[Signature]*

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.