

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

40120

State File No. _____

Registrar's No. 18

BIRTH NO. _____		REG. DIST. NO. <u>104</u>		PRIMARY REG. DIST. NO. <u>4178</u>		State File No. _____	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holcomb</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY OR TOWN <u>Malden</u>		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 <u>Cochran Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>406 S. Edwards</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOWELL</u>		b. (Middle) <u>TALMADGE</u>		c. (Last) <u>ADAMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Aug. 31 1943</u>	
9. AGE (In years last birthday) <u>12</u>		10. MONTHS <u>3</u> DAYS <u>26</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Malden, Missouri</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>School Boy</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		13a. FATHER'S NAME <u>Talmadge Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Burdge</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Helen Adams</u> ADDRESS <u>406 S. Edwards Malden</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* <u>Intestinal Obstruction Tongue</u> ANTECEDENT CAUSES <u>Tall from Horse</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>845X 45</u> Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Necrosis - Tongue, Esophagus, Intestine</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) <u>Malden Mo</u> (COUNTY) <u>Dunklin</u> (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>Tall from Horse or by Kick</u>			
22. I hereby certify that I attended the deceased from <u>12/26</u> , 19 <u>55</u> , to <u>12/27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12/27</u> , 19 <u>55</u> , and that death occurred at <u>8:30 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John E. Cochran M.D.</u>				23b. ADDRESS <u>Holcomb</u>		23c. DATE SIGNED <u>12/29/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 30 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery Malden, Missouri</u>		24d. LOCATION (City, town, or county) _____ (State) _____	
DATE REC'D BY LOCAL REG. <u>1-5-56</u>		REGISTRAR'S SIGNATURE <u>Byrd A. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home Campbell, Mo.</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 1-4-56
COUNTY FILE NUMBER 156-3

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 Christine M. Landers

Licensed Embalmer No. 422

P. O. Address Campbell,

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.