

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 10 1956

State File No. **41512**

BIRTH NO. _____		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 3049		Registrar's No. 26	
1. PLACE OF DEATH a. COUNTY Lemercat				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY New Madrid			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayti		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Portageville		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital				e. STREET ADDRESS (If rural, give location) 078/0			
3. NAME OF DECEASED (Type or Print) a. (First) Ira b. (Middle) Franklin c. (Last) Adcock				4. DATE OF DEATH (Month) (Day) (Year) Dec 13 1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec 20 1880	
9. AGE (In years last birthday) 74		10. MONTHS 11		11. DAYS 23		12. IF UNDER 1 MRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Carpenter		11. BIRTHPLACE (City and State or Foreign Country) Mt Vernon Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME John Franklin Adcock		13b. MOTHER'S MAIDEN NAME Matilda Cross		14. NAME OF HUSBAND OR WIFE Winifred Le Sueur Adcock			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Keith Adcock Portageville Mo			
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) Carcinoma - stomach ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary tachycardia DUE TO (c) chronic pulmonary fibrosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs 3 wks 12 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151X				20. AUTOPSY? YES ☐ NO ☐	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug 55 , to 13 Dec 55 , that I last saw the deceased alive on 12 Dec 55 , and that death occurred at 19:15 PM , from the causes and on the date stated above.							
23a. SIGNATURE (Doctor or title) Robert S. Smith M.D.				23b. ADDRESS Portageville, Mo		23c. DATE SIGNED 16 Dec	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 14, 1955		24c. NAME OF CEMETERY OR CREMATORY Portageville Cem.		24d. LOCATION (City, town, or county) (State) Portageville Mo	
DATE REC'D BY LOCAL REG. 12-19-55		REGISTRAR'S SIGNATURE John H. German		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DeLisle Funeral Parlor-Portageville Mo			

(Licensed Embalmer's Signature on Reverse Side)

1-6-56

JAN 9 1956

JEFFERSON 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.....

Licensed Embalmer No. 44

P. O. Address.....

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