

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

880

FILED FEB 15 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5+22 Registrar's No. 20

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| 1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Dunklin</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Kennett</u> | c. LENGTH OF STAY (in this place) <u>2 yrs</u> | c. CITY OR TOWN <u>Kennett</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>Dunklin County Home</u> | | • STREET ADDRESS (If rural, give location) <u>Rural # 2</u> <u>0350</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Louis</u> | b. (Middle) <u>Edward</u> | c. (Last) <u>Adams</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 5-1956</u> |
|-------------------------------------|-------------------------|---------------------------|------------------------|--|

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|--------------------|-------------------------------|--|-------------------------------------|---|--|---|
| 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>Mar 24-1875</u> | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Perry County Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Edward Adams</u> | 13b. MOTHER'S MAIDEN NAME <u>Jane Small</u> | 14. NAME OF HUSBAND OR WIFE <u>never married</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>John H. Adams</u> | ADDRESS <u>Portageville Mo</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Dilatation of Heart</u> | | |
| | ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>4343</u> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 2-5, 1956, to 2-5, 1956, that I last saw the deceased alive on 2-1, 1956, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>D. T. Pinger</u> <u>M.D.</u> | 23b. ADDRESS <u>Kennett Mo</u> | 23c. DATE SIGNED <u>2-5-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb 7-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u> | 24d. LOCATION (City, town, or county) (State) <u>Kennett Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>Feb 7-1956</u> | REGISTRAR'S SIGNATURE <u>Carl Husband</u> | 90 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Leota Service</u> | ADDRESS <u>Kennett Mo</u> |
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(Licensed Embalmer - Statement on Reverse Side)

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

RECEIVED U.S. DEPARTMENT OF HEALTH

DEPARTMENT 2-13-56

COUNTY FILE NUMBER 256

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 Edgar Lee Foster
Licensed Embalmer No. 44

P. O. Address Harrod

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.