

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6058  
1295

State File No. ....  
Registrar's No. ....

FILED FEB 17 1956

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|  |                               |   |   |  |   |  |  |   |  |
|--|-------------------------------|---|---|--|---|--|--|---|--|
| BIRTH NO. _____  |                               | REG. DIST. NO. _____  |   | PRIMARY REG. DIST. NO. _____   |   | State File No. ....  |  | Registrar's No. ....  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |                               |   |   | 2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY _____ |   |  |  |   |  |
| b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>   |                               | c. LENGTH OF STAY (in this place) _____   |   | c. CITY OR TOWN <b>St Louis</b>  |   | 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 <b>3304 Magnolia</b>   |                               |   |   | e. STREET ADDRESS (If rural, give location) <b>5 5572 Clemens</b>  |   | <b>20570</b>   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Bess</b>  |                               |   | b. (Middle) <b>W</b>                        |  | c. (Last) <b>Adams</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Feb 4 1956</b> |   |  |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>   |   | 8. DATE OF BIRTH <b>Jan. 17, 1880</b>  |   | 9. AGE (In years last birthday) <b>76</b>  | IF UNDER 1 YEAR Months _____ Days _____                    | IF UNDER 24 HRS. Hours _____ Min. _____   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>   |                               |   | 10b. KIND OF BUSINESS OR INDUSTRY _____     |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Centralia, Mo.</b>              |  |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>   |  |
| 13a. FATHER'S NAME <b>Thomas Wade</b>  |                               |   | 13b. MOTHER'S MAIDEN NAME <b>Sarah Bugg</b> |  |   | 14. NAME OF HUSBAND OR WIFE <b>Bartlett Adams</b>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>  |                               | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs William Carver, 6 Glenmora</b>  |   |  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                    |                               | <p>MEDICAL CERTIFICATION <b>Kirkwood, Mo.</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis, Chr. Decompensation</b><br/><b>Myocarditis Chr. Decompensation</b><br/><b>Parkinson's Disease</b></p> <p>ANTECEDENT CAUSES<br/>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br/>DUE TO (b) <b>Parkinson's disease</b><br/><b>Decubitus ulcers</b><br/>DUE TO (c) <b>Decubitus ulcers</b><br/><b>Arteriosclerosis, general</b><br/><b>Intestinal sclerosis general</b></p> <p>II. OTHER SIGNIFICANT CONDITIONS<br/>Conditions contributing to the death but not related to the disease or condition causing death.</p> |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>8 yrs</b><br><b>15 yrs</b><br><b>2 yrs</b> |  |
| 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) (Minute) _____   |  |   |  |
| 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 _____, 1945, to <b>Feb 4</b> , 1956, that I last saw the deceased alive on <b>Feb 3</b> , 1956, and that death occurred at <b>2:00 p.m.</b> , from the causes and on the date stated above. |                               |   |   |  |   |  |  |   |  |
| 23a. SIGNATURE (Degree or title) <b>Paul Webb</b>  |                               |   |   | 23b. ADDRESS <b>721 Olive</b>  |   |  |  | 23c. DATE SIGNED <b>2-4-56</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>   |                               | 24b. DATE <b>2-5-56</b>   |   | 24c. NAME OF CEMETERY OR CREMATORY _____   |   | 24d. LOCATION (City, town, or county) (State) <b>Centralia, Mo.</b>  |  |   |  |
| DATE REC'D BY LOCAL REG. <b>FEB 6 1956</b>   |                               | REGISTRAR'S SIGNATURE <b>Paul Smith MS</b>  |   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd</b> |  |  |   |  |

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

FEB 17 1958

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 *J W Bembley*.....

Licensed Embalmer No. *365*.....

P. O. Address *St Louis*.....

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.

*[Handwritten mark]*