

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **21079**

FILED JUN 25 1956

BIRTH NO. _____		REG. DIST. NO. <b>179</b>		PRIMARY REG. DIST. NO. <b>5761</b>		Registrar's No. <b>78</b>	
1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Bedford</b>				c. CITY OR TOWN <b>Troy Mo.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <b>30 days</b>				e. STREET ADDRESS (If rural, give location) <b>0570</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Lincoln County Memorial Hosp.</b>							
3. NAME OF DECEASED (Type or Print)		a. (First) <b>MABEL</b>		b. (Middle) <b>CLARA</b>		c. (Last) <b>ADAMS</b>	
4. DATE OF DEATH		(Month) <b>June</b>		(Day) <b>21</b>		(Year) <b>1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb 26 1956</b>	9. AGE (In years last birthday) <b>65</b>	10. MONTHS <b>3</b>	11. YEARS <b>25</b>	12. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Wellsville MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Robert Wiggs</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Brocke</b>		14. NAME OF HUSBAND OR WIFE <b>Tom Adams</b>			
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. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Tom Adams</b> ADDRESS <b>Troy MO.</b>			
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) <b>(1) Coronary Thrombosis</b> <b>Arteriosclerosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				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) (Min.)		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 <b>May 15, 1956</b> , to <b>June 21, 1956</b> , that I last saw the deceased alive on <b>June 21, 1956</b> and that death occurred at <b>7:10 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. C. Cressch</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>Troy Mo</b>		23c. DATE SIGNED <b>6-21-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>June 23 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Wellsville Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Wellsville MO.</b>	
DATE REC'D BY LOCAL REG. <b>June 23 - 56</b>		REGISTRAR'S SIGNATURE <b>Emma B. Riddle</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wayne M. &amp; Gay Troy Mo</b>		ADDRESS	
(Licensed Embalmer's Statement on Reverse Side)							

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

81  
MAR 28 1957

### 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.....

Wayne M. Gay

Licensed Embalmer No. 3885

P. O. Address.....

Troy, Mich.

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.