

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2187

STATE FILE NUMBER

FILED FEB 14 1957

Registration District No. 267 Primary Registration District No. 5902 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <i>Bemisscot</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Bemisscot</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Rural Hayti</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Rural</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <i>Hayti Heights</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Rosie</i> Middle <i>Adams</i> Last <i>Adams</i>			4. DATE OF DEATH Month <i>Jan</i> Day <i>29</i> Year <i>1957</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>AS 2-18-88</i>	9. AGE (In years last birthday) <i>69</i>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (City and state or country) <i>Memphis Tenn</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13. FATHER'S NAME <i>George Martin</i>		14. MOTHER'S MAIDEN NAME <i>Lucy</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>1623 Adams</i>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Insufficiency</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Aortic Regurgitation</i> DUE TO (c) <i>?</i>		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>General Edema</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <i>4:21</i> Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from <i>Oct 15, 1956</i> to <i>1-28-57</i> and last saw <i>her</i> alive on <i>1-28-57</i> Death occurred at <i>10:00 A m</i> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>J. L. Masters MD</i> (Degree or title)	22b. ADDRESS <i>Hayti Mo</i>	22c. DATE SIGNED <i>1-31-57</i>

23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <i>Burial</i>	23b. DATE <i>1-21-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>County Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Hayti Mo Rural</i>
24. FUNERAL DIRECTOR <i>John St. Herman</i> ADDRESS <i>Hayti, Mo</i>	25. DATE RECD. BY LOCAL REG. <i>2-2-57</i>	26. REGISTRAR'S SIGNATURE <i>John St. Herman</i>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300  
1-50

180

36-0

2-49-57

FEB 13 1957

PERMISCO 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

*not embalmed*  
Signed *John St. German*

Licensed Embalmer No. 435

P. O. Address *Hastings, Mo.*

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.