Registration District No								LIH OF MISSOU		_1	KU1	9	
1. PLACE OF DEATH  a. COUNTY Barry  b. CITY (I couried composed limits, give TOWNSHIP only)  b. CITY (I couried composed limits, give TOWNSHIP only)  b. CITY (I couried composed limits, give Township only)  b. CITY (I couried composed limits, give Township only)  c. FULL, NAME OF (I NOT in hospital, give location)  c. FULL, NAME OF (I NOT in hospit	olth, Iolfaro	ļ	FILED MAY							STATE		91	,
1. PLACE OF DEATH  a. COUNTY Barry  b. CITY (If ourside corporate limits, give TOWNSHIP only)  b. CITY (If ourside corporate limits, give TOWNSHIP only)  b. CITY (If ourside corporate limits, give TOWNSHIP only)  c. TOWN Butterfield Twp/  c. CITY  TOWN Purdy  c. CITY  TOWN Purdy  O. OSCO  Inhide Limits  O. OSTO  Inhide Limits  O. O	blic rvice			Registration D	istrict No		Prim						
D. CITY (I curside corpores limits, give TOWNSHIP only) Inside Limits TOWN Butterfield Twp/ Vest Neg Town Purdy 0050 (1816/Elimits Town Butterfield Twp) Vest Neg Town Purdy 0050 (1816/Elimits Town Butterfield Twp) Vest Neg Town Purdy 0050 (1816/Elimits Town Purdy 1050/Elimits Town Purdy 1050/E		1.		тн	_								
OR Butterfield Twp   Vest   No R TONN Purdy   OR TONN Purdy			o. COUNTY I	Barry				a. SIAIE	<u>M1880</u>	uri 8. Coor	''' Bar	ry	
TOWN BUTTER 1 TWP	)0 56		b. CITY (If outside	de corporate limits, give	TOWNSHIP	l l	- 11				)S^O	Inside Limits	
NOSPITAL OR NOSPIT			TOWN Bu	tterfield T	wp/	Yes⊔	No 🕱		Purdy		٥	Yes D No 💢	
DECRASED Type optimit)  ANNA  E. ADAMS  GRATH May 6, 1957  FORMAL POPPING WITH 12 PROBLEM PROPERTY OF BIRTH  S. SEX  J. G. COLOR OR RACE WITH 12 PROBLEM PROBL	03/		HOSPITAL OR	OF (If NOT in hospital, g	ive location	Length of stay	in 1b			(If outside, giv	e location)	Reside on Farm Yes D. No D	,
DECEASED    Top of print    ANNA   E.   ADAMA   G.   1957		3. p	IAME OF	First		Middle		Last		4. DATE	Month	Day Year	
S. SEX   6 COLOR OR RACE   Military   Marked   Rever Married   8 Date of Birth   1870   Member   Date		τ	DECEASED	·				ADAMSA		OF DEATH MALV	6. 1	957	
The state of the s			· · ·		7. MARRIED		6h 🗔 8	· ·		9. AGE (In vegra			_
108. USUAL OCCUPATION (Clies tind of work done in the contributed of the property of the state of the property	ļ		/	1			~	April 1	1870	last hirthday)	Months Da	ys Hours Min.	
Description of green tipe for the part in other significant countries contributing to death but not related to the trainful disease condition given in Part I of Part II of liem 18.)  202. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of liem 18.)  203. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of liem 18.)  204. RILLIAN OCCURRED WILLIAM SOCAUSED DEPART II. SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of liem 18.)  205. Time of Flaur Month, Day, Year INJURY occurred in Indeed										<del></del>	12. CITIZEN O	F WHAT COUNTRY?	-
13. FATHER'S NAME   14. MOTHER'S MADEEN AND FORCES?   15. WAS DECEASED EVER IN U.S. REMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT   Address   Address   NO   Nrs. Jessie Hickman-Williston, Fla   Nrs. Jessie Hickman-Williston, Nrs. Jessie Hick	щ		during most of wo	rking life, even if retired)						. 0	ļ <sub>7</sub> ,	T CI A	
GROTER MARRY    Second Decaration   Second Security No.   17. Informant   Address   Address   17. Informant   No.   17. Informant   No.   18. Address   17. Informant   No.   18. Address   No.   18. Cause Decaration   No.	₫ }	13.		lie	Trome			4. MOTHER'S MAID	EN NAME		<u>.                                    </u>	<u> </u>	-
15. WAS DECEASE EVER IN U.S. ARMED FORCES? 17. WAS DECEASE EVER IN U.S. ARMED FORCES? 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSE OBY:	ŝ		~					Jo	henne	Rogg			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gaze rise to above cause (b) Senile Degeneration  Conditions, if any, which gaze rise to above cause (c). Senile Degeneration  Indef  Conditions, if any, which gaze rise to above cause (c). Senile Degeneration  Indef  PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  20. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Hem 18.)*  20. TIME OF Hour Month, Day, Year p. m. P. m.  20. INJURY OCCURRED WHILE AT NOT WORK  21. I attended the deceased from July 26, 1956 to May 6, 1957 and last saw har slive on May 6, 1957 Death occurred to Time of the date stated above; and to the beat of my knowledge, from the causes state property of the control of the causes state of above; and to the beat of my knowledge. From the causes state of the control of the causes state of the control of the causes state of the control of the causes state of the causes state of the control of the causes state of the control of the causes state of the causes state of the causes state of the causes of the causes state of the causes state of the causes of the causes state of the causes state of the causes of the cause of the cause of the causes of the cause of the causes of the cause of the cause of the cause of the cause of the	<u>.</u>	15.			5? I16	SOCIAL SECURITY	Y NO. 1		, a carrie		· ess	<del></del>	-
Second Companies   Second Comp	<u></u>	(Ye	,	(If yes, give war or dates of set	raice)	no		Mrs. Jes	asie H	ickman-V	/11119	ton Fla	
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  General Arterial Solerobis  Indef  Conditions, if any, which gare tip to above cause (a).  Senile Degeneration  Indef  Senile Degeneration  Indef  Indef  200. Accident Suicide How Inder- Igning cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  201. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  202. TIME OF Hour Month, Day, Year INJURY 0  p. m.  203. INJURY OCCURRED  WORK NOT NOT WHILE IN NOT W	- 1	_		ATH (Enter only one care	se per line for	(a), (b), and (c),	<u> </u>	1112 01 00			110	TERVAL BETWEEN	-
General Arterial Sclerobia Indef    Conditions, if any, which goes itself to the past itself to the under-   With goes itself to the under-   Indef				TH WAS CAUSED BY:	,			ulatowa E	مسالته		(	ONSET AND DEATH	
Conditions, if any, which pare rise to above cause (a), stating the under-lying cause last.  Due to (c)  Senile Degeneration  Indef  Support of the state of the terminal disease condition given in Part I(a)  Part II. Other Significant Conditions Contributing to Death But not related to the terminal disease condition given in Part I(a)  Part II. Other Significant Conditions Contributing to Death But not related to the terminal disease condition given in Part I(a)  Part II. Other Significant Conditions Contributing to Death But not related to the terminal disease condition given in Part I(a)  Part II. Other Significant Conditions Contributing to Death But not related to the terminal disease condition given in Part II of Item I8.)  20a. Accident Suicide Homicide 20b. Describe How Injury occurred. (Enter nature of injury in Part I or Part II of Item I8.)  20b. Time of Hour Month, Day, Year Injury (e. g., in or about home. for more down injury in Part I or Part II of Item I8.)  20c. Time of Hour Month, Day, Year Injury (e. g., in or about home. for more down injury in Part I or Part II of Item I8.)  20d. Injury occurred and to the deceased from July 26, 1956 to May 6, 1957 and last saw her alive on May 6, 1957 Death occurred at 7130 Pam. mon the date stated above; and to the best of my knowledge, from the causes state Purdy, Mo.  21. I attended the deceased from July 26, 1956 to May 6, 1957 and last saw her alive on May 6, 1957 Death occurred at 7130 Pam. or county in the causes state Purdy, Mo.  22a. Burlin, Creation (City, town. or county)  Significant in the first of the best of my knowledge, from the causes state Purdy, Mo.  22a. Burlin, Creation (City, town. or county)  Significant in the first of the best of my knowledge, from the causes state Purdy in Part I or Part II of Item I8.)  22b. Address Significant in the first of the best of my knowledge, from the causes state Purdy in Part I or Part II of Item I8.)  22c. Date significant in the first of the best of my knowledge from May 6, 1957 and the deceased fro	<u>-</u> -	- 1		IMMEDIATE CAUSE*(a)		nouvo	0,2,1	July 1	<u>uzzuro</u>				-
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23a. BURÎAL, CREMATON, REMOVAL (Specify) 5-7-1957	1	ı		130 P.	М	m on the	e date		d to the bea	t of my knowle	dge, from (		-
23d. Burial, Cremation. 23b. date 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town. or county) (State)  removal 5-7-1957 M1ama, Flordia  24. Funeral director Address Culver's Cassville, Missouri May 7-1951 Grace Welliams  Culver's Cassville, Missouri May 7-1951 Grace Welliams	- 1	- 1	22a. SIGNATURE	Lall	(Depret or 1)		2		• • • • • • • • • • • • • • • • • • • •	• •			
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Culver's Cassville, Missouri May 7-1951 Grace Welliame	l		removal		<u> </u>								_
	-01	24.							REG.   26. F			•	
(Licensed Embalmer's Statement on Reverse Side)	_ [		Culver's	s Cassvil	те, M	1880UF1	1/16	241-178	0 6	seace l	relle	ann	_
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BARRY CO	OUNTY HEALTH UNIT SSVILLE, MO.
NO	257-79

DATE REC. \_ 5-/3 -57

Student .....

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba ...... Student Embalmer No. by me, or by ......

working under my personal supervision..

Signature of Student Embalmer

Signed Margarer C. Henbest

Licensed Embalmer No. 4319

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