

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15861

State File No.

FILED MAY 14 1957

BIRTH NO.		REG. DIST. NO. 328		PRIMARY REG. DIST. NO. 3073		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY <u>CHAFFEE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>CHAFFEE</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>CHAFFEE</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>115 WRIGHT ST</u>				STREET ADDRESS (If rural, give location) <u>100/0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u>		b. (Middle) <u>LOABELLE</u>		c. (Last) <u>ADAMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APR 13 1957</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>NOV. 25, 1889</u>	
9. AGE (In years last birthday) <u>67</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Wth JOSEPH BURCHETT ELVA BRIDWELL</u>			
13b. MOTHER'S MAIDEN NAME <u>J.A. ADAMS</u>				14. NAME OF HUSBAND OR WIFE <u>MELVIN BURCHETT ADVANCE MO</u>			
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.		17. INFORMANT'S SIGNATURE OR NAME <u>MELVIN BURCHETT ADVANCE MO</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE CARDIAC DECOMPENSATION</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial infarction, myocardosist, hypertension</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>	
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NATURAL</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>NONE</u>	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>6-1</u> , 19 <u>54</u> , to <u>4-12</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>4-12</u> , 19 <u>57</u> , and that death occurred at <u>1:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. J. Mosebach, D.O.</u>				23b. ADDRESS <u>Chaffee, Mo.</u>		23c. DATE SIGNED <u>4-26-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/15/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CAPE GIRARDEAU</u>		24d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU, MO.</u>	
DATE REC'D BY LOCAL REG. <u>5-1-57</u>		REGISTRAR'S SIGNATURE <u>Miss Truel Bishop</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mr. Lloyd S. Meyer, Jr. Advance, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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DATE RECEIVED MAY 6 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 557-93

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.....

Licensed Embalmer No. 4640

P. O. Address Advocate,

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.