

Health,
& Welfare
Public
Service
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033598
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 241 Primary Registration District No. 4360 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Portageville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Portageville</u> <u>0721</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>7th St.</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>7th St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>NORA</u> Middle <u>ELIZABETH</u> Last <u>ADCOCK</u>			4. DATE OF DEATH Month <u>SEPT.</u> Day <u>13</u> Year <u>1958</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT. 1, 1875</u>
9. AGE (In years last birthday) <u>83</u>		10. FUNDING 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) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>	
11. BIRTHPLACE (City and state or country) <u>TENNESSEE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>SAMUEL BOWEN</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET ?</u>	
14. NAME OF HUSBAND OR WIFE <u>WILLIAM ADCOCK</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>33-1728-01</u>		17. INFORMANT <u>GEORGE ADCOCK</u> Address <u>Portageville Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pulmonary Edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Auricular Fibrillation w/ Acute Left Heart Failure</u> DUE TO (c) <u>Status Asthmaticus</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4342</u>			INTERVAL BETWEEN ONSET AND DEATH <u>20 minutes</u> <u>20 minutes</u> <u>60 minutes</u>
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 Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>March '58</u> to <u>Sept 13, 1958</u> and last saw her alive on <u>Sept 13, 1958</u> Death occurred at <u>2:20 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James H. Grable, M.D.</u>		22b. ADDRESS <u>Portageville Mo.</u>	
22c. DATE SIGNED <u>9/13/58</u>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>SEPT. 15, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>PORTAGEVILLE CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>PORTAGEVILLE, MO.</u>	
24. FUNERAL DIRECTOR <u>DeWise Funeral Parlor Portageville Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9/13/58</u>	
26. REGISTRAR'S SIGNATURE <u>Ellen H. Lyle Drilem</u>		26. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

OCT 25 1967

DATE RECEIVED SEP 16 1958
NEW MADRID CO. HEALTH CENTER

P. J. S.

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 *Joseph A. DeFala*

Licensed Embalmer No. 4481

P. O. Address PORTAGEVILLE

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.