

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002434

STATE FILE NUMBER

FILED JAN 27 1959

Registration District No. 277 Primary Registration District No. 4412 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pike			
b. CITY (If outside corporate limits, give TOWNSHIP only) Curryville			Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Curryville			Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b	d. STREET ADDRESS West Highway			Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) Rosie May Adams				4. DATE OF DEATH Month Jan Day 13 Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH 3-16-87		9. AGE (In years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Frankford Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William B. Milam			13b. MOTHER'S MAIDEN NAME Emma Fowler		14. NAME OF HUSBAND OR WIFE Thomas Eueslie Adams		
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. 498-05-9247		17. INFORMANT Louie Adams		Address Vandalia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed Chest Trauma to Heart Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Broken rib & left Radius of Rna DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH ?	
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Automobile in which subject was riding was struck by GM&O train				
20c. TIME OF INJURY Hour 10:23 Month JAN Day 13 Year 59			20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒				
20e. PLACE OF INJURY (e.g., in apartment home, farm, factory, street, office bldg., etc.) GM&O RR Tracks			20f. CITY, TOWN, OR LOCATION Curryville Pike Mo.				
21. I attended the deceased from _____ to _____ and last saw her alive on Jan 13-59 Death occurred at 10:23 A m on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE J. B. Mudd (Degree or title) 3				22b. ADDRESS Bevering Green, Mo.		22c. DATE SIGNED Jan 21-59	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-15-59		23c. NAME OF CEMETERY OR CREMATORIAN Evergreen Memorial		23d. LOCATION (City, town, or county) (State) Vandalia, Mo.	
24. FUNERAL DIRECTOR William B Waters ADDRESS Vandalia, Mo.				25. DATE RECD. BY LOCAL REG. 1-22-59		26. REGISTRAR'S SIGNATURE Bill Robinson	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *William L. Waters*

Licensed Embalmer No. *4169*
P. O. Address *Dandalia, Me*

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.