

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005103

STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 128 Primary Registration District No. 200 Registrar's No. 249

1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> <u>Pulaski</u> <u>Pulaski</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Springfield</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Crocker</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Burge Hospital</u>				Length of stay in lb <u>18 hrs</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Dianna Linn Adamson</u>						4. DATE OF DEATH Month Day Year <u>Jan 6, 1959</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan 1, 1959</u>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days Hours Min. <u>5 days</u>		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		11. BIRTHPLACE (City and state or country) <u>Pulaski Co. Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Chris Edward Adamson</u>				13b. MOTHER'S MAIDEN NAME <u>Edna June Brotherton</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</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>None</u>		17. INFORMANT Address <u>Chris E. Adamson Crocker, 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>Atelectatic pneumonia, right upper lobe</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>High intestinal obstruction</u> DUE TO (c) <u>Atresia of gastric intestinal tract</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Dehydration, prematurity</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 days</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. INJURY OCCURRED WHILE AT <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 <u>1-5-59</u> to <u>1-6-59</u> and last saw her alive on <u>1-5-59</u> Death occurred at <u>5:50</u> A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Dorinda Thompson M.D.</u>				22b. ADDRESS <u>1630 N Jefferson</u>		22c. DATE SIGNED <u>2-11-59</u>	
23a. BURIAL, CREMATION, REBURY <u>REBURY</u>		23b. DATE <u>1/7/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Crocker Memorial</u>		23d. LOCATION (City, town, or county) (State) <u>Crocker, Mo</u>	
24. FUNERAL DIRECTOR <u>Hodges Funeral Homes</u> Address <u>Crocker, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>2-16-59</u>		26. REGISTRAR'S SIGNATURE <u>Effie E. Mettara</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Clarence E. Moss*

Licensed Embalmer No. *4896*

P. O. Address *Waynesville N.C.*

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.