

FILED DEC 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40864

State File No. _____
Registrar's No. 1106-A

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5465</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield 7th</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield 7th</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F. 29-1</u>		STREET ADDRESS (If rural, give location) <u>R.F. 29-1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JANNIE</u> b. (Middle) <u>REBECCA</u> c. (Last) <u>ADAMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-14-49</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>Negre</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov-28-1866</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Specify kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Unknown Tenn.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>					
13a. FATHER'S NAME <u>Carroll Looney</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chas. Adams R.F. 29-1</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>334X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept.</u> , 19 <u>48</u> , to <u>Dec 14</u> 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 12</u> , 19 <u>49</u> , and that death occurred at <u>11 A.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Lyman D. Brown</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>311 1/2 Boonville</u>		23c. DATE SIGNED <u>12/16/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-17-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wt. Comfort</u>	
24d. LOCATION (City, town, or county) <u>Springfield</u> (State) <u>Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Y. Smith</u> ADDRESS <u>602 N. Jeff.</u>			
DATE REC'D BY LOCAL REG. <u>12-22-49</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed _____

Herbert V. Smith

Signed _____

Student Embalmer

Licensed Embalmer No. *4286*

P. O. Address *Springfield, Mo.*

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 this body is not embalmed, fact should be so stated above.