

FILED JUN 8 1951

STANDARD CERTIFICATE OF DEATH

State File No. 19264

BIRTH NO. _____		REG. DIST. NO. <u>370</u>		PRIMARY REG. DIST. NO. <u>4540</u>		Registrar's No. <u>8</u>		
1. PLACE OF DEATH a. COUNTY <u>Wayne</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville</u> <u>1110</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louisa</u>			b. (Middle) <u>Caroline</u>		c. (Last) <u>Adams</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>28</u> (Year) <u>1951</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>7/19/60</u>		9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></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>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Coldwater, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Jim Willmore</u>		13b. MOTHER'S MAIDEN NAME <u>Polly Wakefield</u>		14. NAME OF HUSBAND OR WIFE <u>Jim David Adams</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>Mrs. Anna Lewis</u>					ADDRESS <u>Greenville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Emb. Carditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>old age</u> DUE TO (c) _____ 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>2 or 3 years</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4214</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT <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>Last 5 or 6 years</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11 P. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>John F. Wagner, M.D.</u> (Degree or title)				23b. ADDRESS <u>Greenville, Mo.</u>		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/31/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linwell Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Coldwater., Missouri</u>				
DATE REC'D BY LOCAL REG. <u>June 5th 1951</u>	REGISTRAR'S SIGNATURE <u>Mabel Beasley</u>		341		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. C. Beasley</u>			ADDRESS <u>Greenville</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUN 7 1951

WAYNE CO. HEALTH CENTER

FILE No. 651-27

NAME OF DECEASED		DATE OF BIRTH		DATE OF DEATH	
FATHER'S NAME		MOTHER'S NAME		PLACE OF BIRTH	
EDUCATION		OCCUPATION		MARRIAGE	
RELIGION		RACE		SEX	
COLOR		HAIR		EYES	
SCARS		TATTOOS		DENTAL	
SPECIAL FEATURES		DISEASES		CAUSE OF DEATH	
MANNER OF DEATH		PLACE OF DEATH		DATE OF DEATH	

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 _____ working under my personal supervision.

Student _____ Student Embalmer _____

Signed Marvin E. Bowles Licensed Embalmer No. 4426

P. O. Address Redmont, 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.

RECEIVED JUN 14 1951