

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11830**

No. 200
10-48

FILED MAR 28 1952
BIRTH NO. _____

REG. DIST. NO. **6370**

PRIMARY REG. DIST. NO. **6258**

Registrar's No. **13**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Wayne		a. STATE Missouri b. COUNTY Wayne	
b. CITY (If outside corporate limits, write RURAL and give township) Silva		c. CITY (If outside corporate limits, write RURAL and give township) Silva	
c. LENGTH OF STAY (In this place) 10 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) MAUDE	b. (Middle) MABLE	c. (Last) ADAMS	(Month) 3	(Day) 19	(Year) 52
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-10-1893		9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Pelee, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Polly Snider	13b. MOTHER'S MAIDEN NAME Mary Ann Cannon	14. NAME OF HUSBAND OR WIFE Wm. Newton Adams
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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 William Newton Adams	18. ADDRESS Silva, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 447X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 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 1951, ¹⁹, to 1952, ¹⁹, that I last saw the deceased alive on 2 months, ¹⁹, and that death occurred at 3:30 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John F Wagner, M.D.	23b. ADDRESS Greenville, Mo.	23c. DATE SIGNED 3/26/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-22-52	24c. NAME OF CEMETERY OR CREMATORY Gettach Cem.	24d. LOCATION (City, town, or county) (State) Lodi, Mo.
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DATE REC'D BY LOCAL REG. 3/26/52	REGISTRAR'S SIGNATURE Mabel Beasley	25. FUNERAL DIRECTOR'S SIGNATURE Wm. F. ...	ADDRESS Greenville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
MAR 27 1952
WAYNE CO. HEALTH CENTER
FILE No. 352-28

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Harvey E. Bowler*

Licensed Embalmer No. *446*

P. O. Address *Piedmont, 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 this body is not embalmed, fact should be so stated above.