

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25189

FILED AUG 12 1944  
Registration District No. 217

Primary Registration District No. 3044

Registrar's No. H4

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Eldon  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66

(c) City or town Eldon  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George William Adcock

(b) If veteran, name war no

(c) Social Security No. NO

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Lulu Adcock

(c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 17 1873  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2  
year 1944 hour 10 minutes 15 P.M.

21. I hereby certify that I attended the deceased from July 20 to August 2 1944

that I last saw her alive on July 20 and that death occurred on the date and hour stated above.

Immediate cause of death urinary

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>4</u>	<u>15</u>	hr. _____ min. _____

Due to Chronic nephritis 5 yrs

Due to \_\_\_\_\_

9. Birthplace Eldon Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation R.R. Shop Employ

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Wes Adcock

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Sally Agee

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

16. (a) Informant Mrs. Lulu Adcock

(b) Address Eldon, Missouri

17. (a) Burial (b) Date thereof 8-4-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cemetery

18. (a) Signature of funeral director Louis D. Phillips

(b) Address Eldon, Missouri

19. (a) 8-4-44 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

23. Signature E. B. Shelton (M. D. or other) [Signature]

Address Eldon Mo Date signed 8-4-44

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

MOTHER FATHER

Duration 3 days

PHYSICIAN  
Underline the cause to which death should be charged statistically.

1114

AUG 28 1944

RECEIVED

Miller County Health Dep't.

County File Number 44-66

Date Filed 7-5-44

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.....

..... Louis D. Phillips ....., Registered Apprentice No.....  
working under my personal supervision.

Signed Louis D. Phillips  
Licensed Embalmer No. 3663  
P. O. Address Eldon

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.