

FILED APR 5 1949

## STANDARD CERTIFICATE OF DEATH

9704

State File No. ....

BIRTH NO. 424 48-35462 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River, Missouri</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Lerrilee</u>			b. (Middle)		
c. (Last) <u>Adams</u>			March 17-1949		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White Cav.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR
		<u>Child</u>	<u>June 20-1948</u>	8	27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
<u>none</u>				<u>Bone Jern. Hosp. Bone Jern, Mo</u>	
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME		
<u>Mo.</u>			<u>Eugene J. Adams</u>		
13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE		
<u>Irma Lee Sigman</u>			<u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME	
<u>no</u>		<u>none</u>		<u>Mrs. Edith Sigman</u>	
				300 Poplar St. Flat River, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
		<u>Acute Prerenal pneumonia</u>		<u>2 d</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		8 days	
		Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.			
		DUE TO (b) <u>Chickens - fox</u>			
		DUE TO (c)			
		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		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 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 3-17, 1949, to 3-17, 1949, that I last saw the deceased alive on 3-17, 1949, and that death occurred at 6:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED	
<u>Harold O. Galle M.D.</u>		<u>Dexlag Mo.</u>		<u>3-20-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
<u>Burial</u>		<u>March 19-1949</u>		<u>Salem</u>	
24d. LOCATION (City, town, or county) (State)		24e. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>near Lexington Mo.</u>		<u>Alvin W. Hood</u>		<u>303 Comm. St. Flat River, Mo.</u>	

DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE	
<u>Mar. 25, 1949</u>		<u>Esther Rudolph</u>		<u>Alvin W. Hood</u>	
				<u>303 Comm. St. Flat River, Mo.</u>	

(Licensed Emballer's Statement on Reverse Side)

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

OCT 31 1949

RECEIVED

Health Officer No. 4

File Number 447-449

Date Filed 4-4-49

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 Student Embalmer

Signed Alvin W. Hood

Licensed Embalmer No. 2280

P. O. Address 303 Crane St. Ill. River, Ill.

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.