

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33712**  
Registrar's No. **24**

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

BIRTH NO. _____		REG. DIST. NO. <b>382</b>		PRIMARY REG. DIST. NO. <b>4228</b>		State File No. <b>33712</b>		Registrar's No. <b>24</b>			
1. PLACE OF DEATH a. COUNTY <b>Howard</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Glasgow</b>		c. LENGTH OF STAY (In this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Glasgow</b>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway 5 North 1</b>				d. STREET ADDRESS (If rural, give location) <b>Highway 5 North 0</b>							
3. NAME OF DECEASED (Type or Print) <b>Samuel</b>			a. (First)			b. (Middle)			c. (Last) <b>Adams</b>		
4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 24, 1949</b>			5. SEX <b>Male</b>			6. COLOR OR RACE <b>Negro</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		
8. DATE OF BIRTH <b>Dec. 31, 1873</b>			9. AGE (In years last birthday) <b>75</b>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			13a. FATHER'S NAME <b>Riley Adams</b>			13b. MOTHER'S MAIDEN NAME <b>Martha Ann Adams</b>		
14. NAME OF HUSBAND OR WIFE <b>Lillie Brown</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or Unknown) <b>No</b>			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME <b>Morris Adams</b> ADDRESS <b>Glasgow Mo</b>		
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) <b>sepsis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Nephrosclerosis chronic</b> DUE TO (c) <b>Generalized Arteriosclerosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs</b>  <b>Chronic</b>  <b>"</b>	
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) (Min.)		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 <b>10-6</b> , 19 <b>49</b> , to <b>10-24-49</b> 19____, that I last saw the deceased alive on <b>10-24-49</b> , 19____, and that death occurred at <b>4:00 P.m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Saw E Ramb M.D. U</b>				23b. ADDRESS <b>Glasgow Mo</b>				23c. DATE SIGNED <b>10/26/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 27, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln</b>		24d. LOCATION (City, town, or county) (State) <b>Glasgow Mo</b>					
DATE REC'D BY LOCAL REG. <b>10/26/1949</b>		REGISTRAR'S SIGNATURE <b>Walker Audsley per</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>410</b>		ADDRESS <b>Audsley-Suimonth Glasgow Mo</b>					

RECEIVED NOV 8  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 11-9-19

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 E. W. Guernsey

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.