

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **41537**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3033** Registrar's No. **195**

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>	
b. CITY OR TOWN <b>Lebanon</b>	c. LENGTH OF STAY (in this place) <b>unknown</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Lebanon</b> <b>53</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>322 Harrison St.</b>		d. STREET ADDRESS (If rural, give location) <b>322 Harrison</b> <b>2.</b>	
3. NAME OF DECEASED a. (First) <b>William</b> b. (Middle) <b>m.</b> c. (Last) <b>Adams</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 15 1949</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Dec. 25, 1860</b>
9. AGE (In years last birthday) <b>88</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Wright Co. Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Dick Adams</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Stella Adams</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>James Adams Lebanon Mo.</b>
18. NO. 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) <b>Myocarditis &amp; Myocardial degeneration</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>12-12-1949</b> , to <b>12-15-1949</b> , that I last saw the deceased alive on <b>12-15-1949</b> , and that death occurred at <b>9: A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Name and title) <b>R. E. Hanel M.D.</b>		23b. ADDRESS <b>Lebanon Mo.</b>	23c. DATE SIGNED <b>12-15-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 18, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mrs. Bride Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Laclede Co. Mo.</b>
DATE REC'D BY LOCAL REG. <b>Dec 1-18-1949</b>	REGISTRAR'S SIGNATURE <b>Stella L. Gray</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. E. Holman Lebanon, Mo.</b>	

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

Received DEC 22 1949  
Laclede County Health Unit  
File No. 12-49-182  
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**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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.