

FILED DEC 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43488

157

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

BIRTH NO. _____ REG. DIST. NO. 355 PRIMARY REG. DIST. NO. 6205 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY TEXAS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY TEXAS			
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN PIERCE TWP		c. LENGTH OF STAY (in this place) 63 YEARS	c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN PIERCE TWP		157	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1			d. STREET ADDRESS (If rural, give location) NEAR CLEAR SPRINGS, MO.			
3. NAME OF DECEASED (Type or Print) a. (First) REBECCA		b. (Middle) LANE	c. (Last) ADAMS	4. DATE OF DEATH (Month) (Day) (Year) NOV. 22, 49		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 1, 1869	9. AGE (In years last birthday) 80	10 UNDER 1 YEAR Hours Min. 9 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) TENNESSEE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm. Riley Wyrick		13b. MOTHER'S MAIDEN NAME MILLAWAY		14. NAME OF HUSBAND OR WIFE Nathan E. ADAMS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS STAR RT. 1, WILLOW SPRINGS, MO. MARY M. SEABOY				
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) Cardiac failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary artery heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 10 yrs. 4 22 1
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 Nov 21, 1949, to Nov 21, 1949, that I last saw the deceased alive on Nov 21, 1949, and that death occurred at _____ m., from the causes and on the date stated above.						
23a. SIGNATURE Dr. R. E. Mueser (Degree or title) MD			23b. ADDRESS Willow Springs, Missouri		23c. DATE SIGNED 11/25/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/25/49	24c. NAME OF CEMETERY OR CREMATORY Clear Springs,	24d. LOCATION (City, town, or county) (State) Texas County Missouri			
DATE REC'D BY LOCAL REG. Dec 10-49	REGISTRAR'S SIGNATURE Anna Roberts	429	25. FEDERAL DIRECTOR'S SIGNATURE Al Burns		ADDRESS Willow Springs, Mo.	

Received
Jepson
12-12
10:00

~~1128/49~~
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Date Filed ~~11/30/29~~

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 Fred W. Barnes

Signed.....
Student Embalmer

Licensed Embalmer No. 4614

P. O. Address Wellau Springs, 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.