

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8359

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 242

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>COUNTY HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>2149 N. PIERCE</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>WINNIE</b>	b. (Middle)	c. (Last) <b>ADSI T</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>MAR. 16 1950</b>

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>CAUC.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>6 JULY 1869</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>IN HOME</b>	11. BIRTHPLACE (State or foreign country) <b>WISCONSIN</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				

13a. FATHER'S NAME <b>CHARLES CROSS</b>	13b. MOTHER'S MAIDEN NAME <b>CORDELIA HOLCOMB</b>	14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>REV. J.W. VERTZ</b>	ADDRESS <b>SPEED. MO</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis, Chronic</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Bronchitis</b>		4222	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **3-15 1950**, to **3-16 1950**, that I last saw the deceased alive on **3-16 1950**, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>James R. Amos M.D.</b> (Degree or title)	23b. ADDRESS <b>Springfield, Mo.</b>	23c. DATE SIGNED <b>3-16-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>3-18-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GREENLAWN CEME.</b>	24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD - MO</b>
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DATE REC'D BY LOCAL REG. <b>3-17-50</b>	REGISTRAR'S SIGNATURE <b>W. J. Handley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Klingner &amp; Co.</b>	ADDRESS <b>Springfield, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0390

0396

**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.....  
Student Embalmer

Signed *Wm Rhodes*.....

Licensed Embalmer No. *4071*.....

P. O. Address *Memphis*.....

**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.