

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10055

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre		c. LENGTH OF STAY (in this place) 14da		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cantwell	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hosp.			d. STREET ADDRESS (If rural, give location) 0		

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) E. c. (Last) ADAMS			4. DATE OF DEATH (Month) (Day) (Year) April-1-1950		
---	--	--	--	--	--

5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH April-9-1888		9. AGE (in years last birthday) 61		IF UNDER 1 YEAR Month Days Hours Min. 11 22	
----------------	--	---------------------------	--	---	--	----------------------------------	--	---------------------------------------	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired miner			10b. KIND OF BUSINESS OR INDUSTRY Lead Industry			11. BIRTHPLACE (State or foreign country) Greeley Co. Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
--	--	--	--	--	--	---	--	--	--	--	--

13a. FATHER'S NAME Nelson Adams			13b. MOTHER'S MAIDEN NAME Bell Gaston			14. NAME OF HUSBAND OR WIFE Grace Adams		
------------------------------------	--	--	--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 490-03-2822		17. INFORMANT'S SIGNATURE OR NAME Mrs. Grace Adams				ADDRESS Cantwell, Mo	
--	--	--	--	---	--	--	--	-------------------------	--

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Coronary thrombosis & aortic aneurysm</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) <i>arterio-sclerosis general</i>						INTERVAL BETWEEN ONSET AND DEATH 7 days 4.201	
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 March, 1926, to April 6, 1950, that I last saw the deceased alive on 4-8, 1950, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>H. O. Gaebe N.M.A.</i>		23b. ADDRESS Desloge, Missouri		23c. DATE SIGNED 4-3-50	
---	--	-----------------------------------	--	----------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April-4-1950		24c. NAME OF CEMETERY OR CREMATORY St. Francois Memo		24d. LOCATION (City, town, or county) (State) St. Francois Co. Mo	
---	--	---------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. Apr. 4, 1950		REGISTRAR'S SIGNATURE Esther Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE SPARKS		ADDRESS Flat River, Mo	
--	--	---	--	--	--	---------------------------	--

(Licensed Embalmers' Statement on Reverse Side)

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

JUN 20 1950

RECEIVED

APR 11 1950

DEPT. OF HEALTH OFFICE No. 4

File No. 450-537

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 *Murphy L. Spinks*

Licensed Embalmer No. *4236*

P. O. Address *Hot River Tno*

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.