

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36661

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1083

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>Taney</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>McClurg, Missouri</b> <u>1060</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>		d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jewell</b>		b. (Middle) <b>Uldean</b>		c. (Last) <b>Deckard Adams</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>12-5-50</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>7-6-31</b>		9. AGE (In years last birthday) <b>19</b> # UNDER 1 YEAR Months Days # UNDER 1 HRS. Hours 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>Own home</b>		11. BIRTHPLACE (State or foreign country) <b>McClurg, Missouri</b> <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Aud Deckard</b>		13b. MOTHER'S MAIDEN NAME <b>Maggie Lipscomb</b>	
14. NAME OF HUSBAND OR WIFE <b>Jessie Neal Adams</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>536-28-0744</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Jessie Neal Adams</b>		ADDRESS <b>McClurg, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolus, massive</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 min</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. <b>Post Partum Convalescent 5 days</b>		465X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)		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 <u>Sept 1950</u> , to <u>Dec 5, 1950</u> ; that I last saw the deceased alive on <u>Dec 5, 1950</u> , and that death occurred at <u>0:30 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>M. J. Gentry M.D.</b>		23b. ADDRESS <b>Medical Bldg Springfield Mo</b>		23c. DATE SIGNED <b>12-5-50</b>	
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <b>12-8-50</b>		24b. DATE <b>12-8-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bethel</b>	
24d. LOCATION (City, town, or county) (State) <b>McClurg, Missouri</b>		DATE REC'D BY LOCAL REG. <b>12-9-50</b>			
REGISTRAR'S SIGNATURE <b>W. E. Handley M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Clinkingbeard Funeral Home, Ave, Mo.</b>			

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

396  
30

0108

1924

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 Charles R. Fish

Licensed Embalmer No. 4687

P. O. Address Avon, 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.