

FILED MAY 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15792

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>133</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>5 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Prairie Home</u>		<u>0270</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u>		b. (Middle) <u>Preston</u>		c. (Last) <u>Adair</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 11 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>D.K.</u>		8. DATE OF BIRTH <u>8-22-1888</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>19</u>	IF UNDER 2 HRS. Hours <u>1</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Adair</u>			13b. MOTHER'S MAIDEN NAME <u>Clara Clary</u>		14. NAME OF HUSBAND OR WIFE <u>D.K.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>D.K.</u>		16. SOCIAL SECURITY NO. <u>D.K.</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>State Hosp. No. 1 Hospital Records; Fulton, Missouri</u>			
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) <u>Hemorrhage from lungs</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary tuberculosis</u>  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 <u>D.K.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>002X</u>					20. AUTOPSY? YES <input 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>Sudden death</u> , to _____, 19____, that I last saw the deceased alive on <u>May 10</u> , 19 <u>51</u> , and that death occurred at <u>4:15 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. J. Miller</u>			(Degree or title) <u>M. D.</u>		23b. ADDRESS <u>St. Hospital No. 1 Fulton, Missouri</u>		23c. DATE SIGNED <u>5/11/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May-13-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Providence</u>		24d. LOCATION (City, town, or county) (State) <u>Near Prairie Home Mo</u>		
DATE REC'D BY LOCAL REG. <u>May 11-1951</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>		426		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Hornebeck Prairie Home Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0143  
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

MAY 14 1951

RECEIVED

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 *to Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Prairie Home 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.