

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17592

FILED JUN 3 1952

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Richmond		c. CITY (If outside corporate limits, write RURAL and give township) Richmond	
c. LENGTH OF STAY (In this place) 1 yr.		d. STREET ADDRESS (If rural, give location) 130 Brigg	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 miles NE Richmond			

3. NAME OF DECEASED (Type or Print) a. (First) Nora	b. (Middle) (M)	c. (Last) Adams	4. DATE OF DEATH (Month) (Day) (Year) May 16, 1952
---	------------------------	------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 3, 1878	9. AGE (In years) (last birthday) 73 <input checked="" type="checkbox"/> 10 <input type="checkbox"/> 13	IF UNDER 1 YEAR Days	IF UNDER 1 HRL. Hours	IF UNDER 1 MIN. Min.
-------------------------	----------------------------------	--	---	--	-------------------------	--------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (State or foreign country) Kernon County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	--

13a. FATHER'S NAME William T. Craven	13b. MOTHER'S MAIDEN NAME Mahalia Rhea	14. NAME OF HUSBAND OR WIFE Samuel 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. None	17. INFORMANT'S SIGNATURE OR NAME Ray Adams, R. A. D #3, Richmond, MO.	ADDRESS Ray Adams, R. A. D #3, Richmond, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA Gall Bladder 6 Mo		
	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.			

19a. DATE OF OPERATION 1951	19b. MAJOR FINDINGS OF OPERATION Carcinoma Gall Bladder	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., to 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? 155X
---	--	--

22. I hereby certify that I attended the deceased from **1951**, 19____, to **5-16-**, 19**52**, that I last saw the deceased alive on **5-16-**, 19**52** and that death occurred at **2:20 P.M.** from the causes and on the date stated above.

23a. SIGNATURE G. L. Gay M.D.	(Degree or title)	23b. ADDRESS Richmond, Mo	23c. DATE SIGNED 5-20-52
---	-------------------	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 18, 1952	24c. NAME OF CEMETERY OR CREMATORY Old Union	24d. LOCATION (City, town, or county) (State) Ray County, Missouri
--	----------------------------------	--	--

DATE REC'D BY LOCAL REG. June 1, 1952	REGISTRAR'S SIGNATURE Malcol Jackson	25. FUNERAL DIRECTOR'S SIGNATURE Quest-Like Funeral Home	ADDRESS Richmond, Missouri
---	--	--	--------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

3890
1

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 _____

Licensed Embalmer No. 4066

P. O. Address Richard M...

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.