

FILED JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21271

State File No.

BIRTH NO.		REG. DIST. NO. <u>231</u>		PRIMARY REG. DIST. NO. <u>5811</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Loutre</u>		c. LENGTH OF STAY (In this place) <u>2 1/2</u> years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Loutre south of Wellsville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles South of Wellsville</u>				d. STREET ADDRESS (If rural, give location) <u>3 miles south of Wellsville</u>			
3. NAME OF DECEASED (Type or Print) <u>ADELINE</u>		a. (First) <u>S.</u>		b. (Middle) <u>WILLIAMS</u>		c. (Last)	
4. DATE OF DEATH <u>June 23 1952</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>April 18 1870</u>		9. AGE (In years last birthday) <u>82</u>		10. MONTHS <u>2</u> DAYS <u>5</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln, County, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln, County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Whiteside</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr Geo Deubar Wellsville</u> ADDRESS			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis</u> ANTECEDENT CAUSES DUE TO (b) <u>chronic paraneoplastic nephritis</u> DUE TO (c) <u>chronic asthma & emphysema</u> 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>2 weeks</u> <u>20 yrs</u> <u>20 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>446X</u>				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 <u>Nov 1, 1951</u> , to <u>June 23, 1952</u> , that I last saw the deceased alive on <u>June 20, 1952</u> , and that death occurred at <u>4:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edw Van Caudale M.D.</u>				23b. ADDRESS <u>Montgomery City, Mo</u>		23c. DATE SIGNED <u>6.24.52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/24/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Middletown Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Middletown, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6/26/52</u>		REGISTRAR'S SIGNATURE <u>Bernice Ewyatt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W B Wells Wellsville</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

0700
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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 A. B. Hells

Licensed Embalmer No. 1588

P. O. Address Hellsville 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.