

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>355</u>		PRIMARY REG. DIST. NO. <u>6205</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Pierce TWP.</u>		c. LENGTH OF STAY (in this place) <u>68 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Pierce TWP</u>		1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>Clear Springs, Community</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NATHAN</u>			b. (Middle) <u>ELSWORTH</u>			c. (Last) <u>ADAMS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Octo. 27, 1952</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Feb. 22, 1864</u>		9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>5</u>		IF UNDER 2 WKS. Hours <u>5</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Sullivan County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Dennis Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Maria Jaques</u>		14. NAME OF HUSBAND OR WIFE <u>Rebecca J. Wyrick</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 ADDRESS <u>Larry S. Adams, St. Louis, 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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hamorrhage, cerebral</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hamorrhage, cerebral</u></p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>					
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) <u>331X</u>			
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>7/31/</u> , 19 <u>52</u> , to <u>10/27/</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10/24/</u> , 19 <u>52</u> , and that death occurred at <u>7:00 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Willow Springs, Mo.</u>		23c. DATE SIGNED <u>10/28/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/29/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clear Springs,</u>		24d. LOCATION (City, town, or county) (State) <u>Texas County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 30-52</u>		REGISTRAR'S SIGNATURE <u>Anna Roberts</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Burns Willow Springs, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Fred W. Barnes

Signed Fred W. Barnes

Student

Student Embalmer

Licensed Embalmer No. 4614

P. O. Address Willow Springs, 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.