

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9381

State File No. ....

LED APR 14 1953  
 BIRTH NO. 192 P 2 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 346-C

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Greene		b. CITY (If outside corporate limits, write RURAL and give township) Springfield		a. STATE Missouri		b. COUNTY Texas	
c. LENGTH OF STAY (in this place) 2 days		d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital		c. CITY (If outside corporate limits, write RURAL and give township) Houston		1070	
d. STREET ADDRESS no street address		e. STREET ADDRESS no street address		f. STREET ADDRESS no street address		g. STREET ADDRESS no street address	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) Samuel	b. (Middle) Lee	c. (Last) ADAMS	Month April	Day 2	Year 1953	Male	0
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH April 1, 1953		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months -- --
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (State or foreign country) Houston, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		IF UNDER 24 HOURS Days 2	IF UNDER 1 MIN. Hours --
13a. FATHER'S NAME Charles Adams		13b. MOTHER'S MAIDEN NAME Wilma Bates		14. NAME OF HUSBAND OR WIFE -----			
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 Charles Adams, Houston, Missouri			
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 36 hours	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Alectodosis</u>		DUE TO (b) <u>Prematurity</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 None		19b. MAJOR FINDINGS OF OPERATION		7625		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) Springfield, Greene, Mo.		21f. HOW DID INJURY OCCUR?	
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"/>					
22. I hereby certify that I attended the deceased from <u>April 2, 1953</u> , to <u>April 3, 1953</u> , that I last saw the deceased alive on <u>April 3, 1953</u> , and that death occurred at <u>9:37 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paul J. Busch M.D.				23b. ADDRESS 609 Cherry St. Springfield, Mo.		23c. DATE SIGNED 4/3/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE April 3, 1953		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Houston, Missouri	
DATE REC'D BY LOCAL REG. 4-6-53		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE Alma Schreyer		ADDRESS Springfield, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

396  
C

**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 James W. Wair

Licensed Embalmer No. 4650

P. O. Address Springfield, 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.