

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1656

FILED FEB 14 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 477

1. PLACE OF DEATH a. COUNTY <u>LINN</u> b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) <u>BROOKFIELD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINN</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BROOKFIELD</u>	
c. LENGTH OF STAY (in this place) <u>2 Mos.</u>		d. STREET ADDRESS (If rural, give location) <u>213 W. PRAIRIE ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SWITZER REST HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORENCE</u> b. (Middle) <u>AMELIA</u> c. (Last) <u>ADAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 2, 1955</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIV.</u>	8. DATE OF BIRTH <u>DEC. 26, 1864</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>JEFFERSON Co. N.Y.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>BLISS BURDICK</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE AUSTIN</u>		14. NAME OF HUSBAND OR WIFE <u>W. J. ADAMS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. LILLIE ADAMS, BROOKFIELD, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis acute.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis.</u> DUE TO (c) <u>Generalized arteriosclerosis heart disease 20 yrs.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>10 yrs.</u>	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 9-1-54, 1954, to 2/3, 1955, that I last saw the deceased alive on 2/3, 1955, and that death occurred at 10:30p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. W. Robinson M.D.</u>	23b. ADDRESS <u>211 1/2 S. Brookfield St.</u>	23c. DATE SIGNED <u>2/8/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB. 4, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ROSE HILL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>BROOKFIELD, Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-5-55</u>	REGISTRAR'S SIGNATURE <u>Madame Stambach</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WRIGHT FUNERAL HOME, BROOKFIELD, Mo.</u>
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WRITE PLAINLY—USING UNFADING 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.

Student
Student Embalmer

Signed Harold B Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, Me

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.