

FILED OCT 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. **35664**BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **4489** Registrar's No. **155**

1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY SCOTT					
b. CITY OR TOWN VANDUSER		c. LENGTH OF STAY (In this place) 5 yrs		c. CITY OR TOWN VANDUSER		d. STREET ADDRESS (If rural, give location) 10th			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) SAMUEL c. (Last) ADAMS				4. DATE OF DEATH (Month) (Day) (Year) 10-14-1955					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT 17 1882			
9. AGE (In years last birthday) 72		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET		10b. KIND OF BUSINESS OR INDUSTRY FARMING		9. AGE (In years last birthday) 72			
11. BIRTHPLACE (City and State or Foreign Country) NEWTON CO ARK				12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME MATHEW ADAMS			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE SARAH JANE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J. A. Adams - Vanduser 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, asphyxia, 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) Probable Coronary Thrombosis. (Found dead in bed.)				ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____					
				DUE TO (c) 4301					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
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)					
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 <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>about 4:15</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Delina C. Buckthorn, M.D. Health Officer				23b. ADDRESS Benton MO		23c. DATE SIGNED 10-17-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-18-55		24c. NAME OF CEMETERY OR CREMATORY NEW CITY		24d. LOCATION (City, town, or county) (State) MORLEY MO			
DATE REC'D BY LOCAL REG. 10-22-55		REGISTRAR'S SIGNATURE Mrs. Edith ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Welch Funeral Home - Sebastian MO					

(Licensed Embalmer's Statement on Reverse Side)

Scott County Health Dept.
Benton, Missouri

Jul 24 1955

DATE RECEIVED _____
SCOTT CO. HEALTH DEPT.

CO. FILE No. 1055-228

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 Raymond Crews

Licensed Embalmer No. 5467

P. O. Address, Sikeston Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.