

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

715

State File No. ....

FILED JAN 19 1956

BIRTH NO. ....		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>COLE</b>		b. CITY (If outside corporate limits, write RURAL and give town or city) <b>JEFFERSON CITY</b>		c. LENGTH OF STAY (in this place) <b>20 YRS</b>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. SEX	
a. (First) <b>MARY</b>		b. (Middle) <b>CHRISTINE</b>		c. (Last) <b>ADRAIN</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>				8. DATE OF BIRTH <b>Dec. 26, 1886</b>		9. AGE (In years last birthday) <b>69</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Thomas Mo</b>	
13a. FATHER'S NAME <b>HENRY J. ADRAIN</b>				13b. MOTHER'S MAIDEN NAME <b>AGNES LOETHEN</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. WILLIAM SCHMIDT ST. THOMAS,</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute myocardial infarction</b>		DUE TO (b) <b>arteriosclerosis</b>				<b>2 day</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				<b>Heart disease yes</b>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <b>4200</b>					
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) (m.)		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>Jan 9, 1956</u> to <u>Jan 9, 1956</u> that I last saw the deceased alive on <u>Jan 9, 1956</u> and that death occurred at <u>6:30 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Francis P. Miller MD</b>		23b. ADDRESS <b>Jefferson City, Mo</b>				23c. DATE SIGNED <b>Jan. 14, 1956</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/14/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Thomas, Mo</b>		24d. LOCATION (City, town, or county) (State) <b>St. Thomas, Mo</b>	
DATE REC'D BY LOCAL REG. <b>17 Jan 1956</b>		REGISTRAR'S SIGNATURE <b>R.C. Davis MD - JR.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sylvester Rulle</b>		ADDRESS <b>J. C. MO.</b>	

(Licensed Embalmer's Statement - on Reverse Side)

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

0264

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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.....  
Signature of Student Embalmer

Signed..... *Sylvester D. Pull*  
Licensed Embalmer No. *432*

P. O. Address *Jefferson*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.