

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9420

FILED APR 11 1957

5783 STATE FILE NUMBER  
4227

Registration District No. 215 Primary Registration District No. 4227 Registrar's No. 9

Health, Welfare  
Public  
Service

300  
1-56

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri b. COUNTY Miller			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Iberia			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Iberia		0660	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Ichwoods			Length of stay in 1b twp	d. STREET ADDRESS Rt 2			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Della Doran Adams				First Middle Last	4. DATE OF DEATH March 21, 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 4/18/1877	9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Miller Co. Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Thompson				14. MOTHER'S MAIDEN NAME Sarah McCaleb			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.	17. INFORMANT Address Maude Wilson Iberia, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Abdominal Tuberculosis							INTERVAL BETWEEN ONSET AND DEATH years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) _____
DUE TO (c) _____							PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 3 <sup>rd</sup> 1940 to 3/21/57 and last saw her alive on 3/20/57. Death occurred at 3 <sup>rd</sup> A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) M. A. Gould DO 2				22b. ADDRESS Iberia Mo		22c. DATE SIGNED 3/21/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/23/57	23c. NAME OF CEMETERY OR CREMATORY Iberia		23d. LOCATION (City, town, or county) Iberia Mo		(State)
24. FUNERAL DIRECTOR ADDRESS Walter P. Hedges Hedges Funeral Homes Iberia, Mo.				25. DATE RECD. BY LOCAL REG. MARCH 25, 1957		26. REGISTRAR'S SIGNATURE Jessie Perkins	

(Licensed Embalmer's Statement on Reverse Side)

1950

RECEIVED

APR 1 1957

Miller County  
Health Department

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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 *Walter P. Hedges*.....

Licensed Embalmer No. *426*

P. O. Address *Herida, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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