

S. No. 2
M-8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 16 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28562

Registration District No. 290 Primary Registration District No. 5993 Registrar's No. 72

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town ~~Waynesville~~
(c) Name of hospital or institution: Cullen Ins Ranch
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME DANIAL WEESLEY ADKINSON
3. (b) If veteran, name war M.O.
3. (c) Social Security No. 492-03-7677
4. Sex Male 5. Color or race white 6. (a) Single, widowed, married Divorced
6. (b) Name of husband or wife
7. Birth date of deceased May 4 1884 (Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 22 If less than one day hr. min.

9. Birthplace Bloodland Mo.
10. Usual occupation Clerk MSA
11. Industry or business Produce Eatching MSA
12. Name Robert Adkinson
13. Birthplace Waynesville Mo.
14. Maiden name Elizabeth Sumner
15. Birthplace Bloodland Mo.

16. (a) Informant Thelma Hoff
(b) Address Waynesville Mo.
17. (a) Burial (b) Date thereof 7-28-44 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Lawn
18. (a) Signature of funeral director R. B. Dwyer
(b) Address Waynesville Mo.
19. (a) 8-8-1944 (b) Chas M. O'Dell (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pulaski
(c) City or town Richmond
(d) Street No.
(e) Citizen of foreign country? (Yes or No) If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 26 year 1944 hour 8 minute 256 M.
21. I hereby certify that I attended the deceased from May 15 1944 to July 26 1944
that I last saw him alive on July 10 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism
Due to Coronary Thrombosis
Other conditions (Include pregnancy within 3 months of death) 94a
Major findings: Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work (Specify type of place) (e) Means of injury
23. Signature R. O. Siwitt (M. D. or other) 90
Address Waynesville Mo. Date signed 7-26-44

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 3198

P. O. Address _____

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.