

FILED JUN 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20096

BIRTH NO. _____		REG. DIST. NO. 170		REG. DIST. NO. 5630		Registrar's No. 95			
1. PLACE OF DEATH a. COUNTY <b>Laclede</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Laclede</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural LEBANON</b>		c. LENGTH OF STAY (in this place) <b>81 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural LEBANON</b>		53			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Route # 2 LEBANON</b>				e. STREET ADDRESS (If rural, give location) <b>Route # 2 LEBANON</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Nettie</b> b. (Middle) <b>Vernon</b> c. (Last) <b>Adkins</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6 19 1949</b>						
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>		8. DATE OF BIRTH <b>June 17, 1868</b>		9. AGE (In years last birthday) <b>81</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>US A</b>			
13a. FATHER'S NAME <b>Joe M. Vernon</b>			13b. MOTHER'S MAIDEN NAME <b>Prudence E. Hunter</b>		14. NAME OF HUSBAND OR WIFE <b>Vasa T. Adkins</b>				
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'S SIGNATURE OR NAME ADDRESS <b>D. O. Vernon, Lebanon, Missouri</b>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma, body of uterus</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): _____ DUE TO (c): _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility Chronic myocarditis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>  <b>1948</b>  <b>unknown</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>Apr 13</b> , 19 <b>49</b> to <b>Jun 19</b> , 1949, that I last saw the deceased alive on <b>Jun 12</b> , 1949 and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <b>J. H. Johnson M.D.</b> (Degree or title)				23b. ADDRESS <b>Lebanon Mo.</b>		23c. DATE SIGNED <b>Jun 23-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/22/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Atchley Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Laclede Co. Mo.</b>			
DATE REC'D BY LOCAL REG. <b>June 24-1949</b>		REGISTRAR'S SIGNATURE <b>Albella L. Ray</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Palmer</b> ADDRESS <b>Lebanon Mo.</b>					

(Licensed Embalmers' Sealment on Reverse Side)

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

No. 300  
10.4853  
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JUN 28 RECD

Received

Laclede County Health Unit

File No.

6-49-82  
JUN 28 RECD

Date Filed

JUN 28 1949

05616 1 1949

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

*Mayna Ruth Allen*

Student Embalmer No. *295*

working under my personal supervision.

Signed

*S. R. Palmer*

Signed

Student Embalmer

Licensed Embalmer No. *2208*

P. O. Address *Libanon n*

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.