

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33207**

FILED OCT 28 1949

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 358	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kentucky b. COUNTY —			
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (If in place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) Grayson		d. STREET ADDRESS Ron. Del.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1217 Jefferson				d. STREET ADDRESS Ron. Del.			
3. NAME OF DECEASED (Type or Print) Wiser		a. (First) Wiser		b. (Middle) —		c. (Last) ADKINS	
4. DATE OF DEATH (Month) (Day) (Year) Oct 21-1949		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept 19-1876		9. AGE (In years last birthday) 73		10. IF UNDER 1 YEAR Months 1 Days 2		11. IF UNDER 12 HRS. Hours — Min. —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) UNK. Kentucky	
12. CITIZEN OF WHAT COUNTRY? U.S.				13a. FATHER'S NAME Harrison Adkins			
13b. MOTHER'S MAIDEN NAME Nancy Jones				14. NAME OF HUSBAND OR WIFE Bertie			
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 Chas. E. Adkins			
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) Cerebral Accident - haemorrhage ANTECEDENT CAUSES DUE TO (b) Arterio-sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cellulitis of foot				INTERVAL BETWEEN ONSET AND DEATH 33 X	
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 Oct. 12, 1949 to Oct. 21, 1949 that I last saw the deceased alive on Oct. 12, 1949 , and that death occurred at 7 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) Carl A. Summers				23b. ADDRESS Cape Girardeau Mo		23c. DATE SIGNED Oct 22/49	
24a. BURIAL CREMATION (Specify) Removal		24b. DATE Oct 25-49		24c. NAME OF CEMETERY OR CREMATORY Removal to Grayson		24d. LOCATION (City, town, or county) (State) Ky	
DATE REC'D BY LOCAL REG. 10-22-1949		REGISTRAR'S SIGNATURE C. E. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Jal H. Howell		ADDRESS Cape Gir. Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-24-49

District Health Officer No. 4

District File Number 1047-1400

Date Filed

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

Boyd B. Willis

Licensed Embalmer No. 4603

P. O. Address

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