

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11947

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5294 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kearney RR 1 Liberty Twp.
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kearney Liberty Twp. 0240
d. STREET ADDRESS (If rural, give location) RR 1

3. NAME OF DECEASED a. (First) Huston b. (Middle) Davis c. (Last) Adkisson 4. DATE OF DEATH (Month) (Day) (Year) April 16, 1951

5. SEX male 0 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married / 8. DATE OF BIRTH Sept. 24, 1905 9. AGE (in years last birthday) 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY farming 11. BIRTHPLACE (State or foreign country) Marshall, Missouri 0 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Huston D. Adkisson 13b. MOTHER'S MAIDEN NAME Mary E. Clark 14. NAME OF HUSBAND OR WIFE Lucille Kelly

15. HAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 486-09-9638 17. INFORMANT'S SIGNATURE OR NAME Mrs. Lucille Adkisson, Kearney, Mo ADDRESS

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, asphemia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
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.
19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Coroner's Case to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

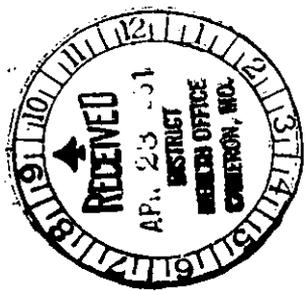
23a. SIGNATURE (Degree or title) O.S. Pate and Coroner 23b. ADDRESS North Kansas City, Mo 23c. DATE SIGNED 4/18/51

24a. BURIAL, CREMATION, REMOVAL (Specify) removal 24b. DATE 4/16/51 24c. NAME OF CEMETERY OR CREMATORY Ridge Park 24d. LOCATION (City, town, or county) (State) Marshall, Mo.

DATE REC'D BY LOCAL REG. APRIL 16 1951 REGISTRAR'S SIGNATURE Minnie Hayes 64 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. J. Searles Funeral Home Liberty, Mo

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

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EST 3 APR

PR 26 (REV) 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed John Pasley
Licensed Embalmer No. 4308

P. O. Address Liberty, MD

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.