

STANDARD CERTIFICATE OF DEATH

State File No. **2053**

FILED FEB 11 1952

BIRTH NO. _____ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **4330** Registrar's No. **7**

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

1. PLACE OF DEATH a. COUNTY <i>Mississippi</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Miss.</i>		
b. CITY (If outside corporate limits, write RURAL and give township) <i>East Prairie</i>		c. LENGTH OF STAY (In this place) <i>27 yrs</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>East Prairie</i>		d. STREET ADDRESS (If rural, give location) <i>0671</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Residence</i>					
3. NAME OF DECEASED a. (First) <i>SAMUEL</i> b. (Middle) <i>BRUNER</i> c. (Last) <i>ADKISSON</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 22, 1952</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Sept. 26, 1875</i>		9. AGE (In years last birthday) <i>76</i> IF UNDER 1 YEAR Months <i>3</i> Days <i>26</i> IF UNDER 18 Hrs. <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Brandenburg, Ky.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Joseph L. Adkisson</i>		13b. MOTHER'S MAIDEN NAME <i>Nellie Arnold</i>	14. NAME OF HUSBAND OR WIFE <i>Hattie Adkisson</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>unk.</i>	16. SOCIAL SECURITY NO. <i>unk.</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Forrest Adkisson - East Prairie, Mo.</i>			
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cancer of Prostate</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <i>177x</i>		
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <i>Jan 27, 1951</i> , to <i>Jan 21, 1952</i> , that I last saw the deceased alive on <i>Jan 21, 1952</i> , and that death occurred at <i>11:45 P.M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>W. B. Weiland M.D.</i>			23b. ADDRESS <i>East Prairie Mo</i>		23c. DATE SIGNED <i>1-25-52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<i>Burial</i>	<i>Jan. 25, 1952</i>	<i>Osgood</i>		<i>Miss. Co., Mo.</i>	
DATE REC'D BY LOCAL REG. <i>2-23-52</i>		REGISTRAR'S SIGNATURE <i>Gertrude G. Harper</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Travis Shelby East Prairie</i>	

FEB 7 REC'D

RECEIVED

Miss. Co. Health Dept

County File No.

Date Filed FEB 8 1952

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 *Travis Shelby* _____

Licensed Embalmer No. *2726* _____

P. O. Address *Travis Shelby*
East Prairie, 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.