

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

21283

State File No.

FILED JUN 27 1952

BIRTH NO.		REG. DIST. NO. <u>240</u>		PRIMARY REG. DIST. NO. <u>5827</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lilbourn</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lilbourn</u>		1720	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>Bertha</u>		a. (First)		b. (Middle) <u>Ann</u>		c. (Last) <u>Adkinson</u>	
4. DATE OF DEATH <u>June 14 1952</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>April 1 1881</u>		9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>13</u>		IF UNDER 14 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>New Haven, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Suter</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Graham</u>		14. NAME OF HUSBAND OR WIFE <u>James A. Adkinson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James A. Adkinson, Lilbourn, Mo.</u>			
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) <u>Nephritis</u> 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. <u>abdominal distension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>X</u>	
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 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 <u>June 11, 1952</u> to <u>June 14, 1952</u> that I last saw the deceased alive on <u>June 14, 1952</u> , and that death occurred at <u>5:15a m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. E. Jones M.D.</u> (Degree or title)				23b. ADDRESS <u>Lilbourn Mo</u>		23c. DATE SIGNED <u>6-14-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 15 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodland Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Campbell, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-14-52</u>		REGISTRAR'S SIGNATURE <u>H. L. Gordon</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ponder Funeral Home-Lilbourn, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Homer L. Pender

Licensed Embalmer No. *3367*

P. O. Address *Lilbourn, 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.