

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **45026**

FILED JAN 21 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **102** PRIMARY REG. DIST. NO. **4174** Registrar's No. \_\_\_\_\_

0350  
1

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

1. PLACE OF DEATH a. COUNTY <b>DUNKLIN</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>DUNKLIN</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>CARDWELL</b>		c. LENGTH OF STAY (in this place) <b>8 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>CARDWELL</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CARDWELL GEN. DEL.</b>			d. STREET ADDRESS (If rural, give location) <b>CARDWELL GEN. DEL.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARTHA</b> b. (Middle) <b>CATHERINE</b> c. (Last) <b>ADKERSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 19, 1953</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Oct. 26, 1874</b>	9. AGE (In years last birthday) <b>79</b>	10. UNDER 1 YEAR Months <b>1</b> Days <b>23</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>1</b>
13a. FATHER'S NAME <b>Sam layne</b>		13b. MOTHER'S MAIDEN NAME <b>Pocahantas Tansil</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Myrtle Kuehn - Hollywood, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</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.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>			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 <b>12/19, 1953</b> , to <b>12/19, 1953</b> , that I last saw the deceased alive on <b>12/19, 1953</b> , and that death occurred at <b>11:30</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>William E. Bark M.D.</b>			23b. ADDRESS <b>Cardwell, Mo</b>		23c. DATE SIGNED <b>12/23/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec 21 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LULL CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>HOLLYWOOD, MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>1-11-54</b>		REGISTRAR'S SIGNATURE <b>Hubert B. Baird</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>EMERSON AND SON * JONESBORO, ARL.</b>	

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT .....1-19-54.....  
COUNTY FILE NUMBER 154-19..

**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 *Mr. T. [Signature]*

Licensed Embalmer No. *349-002*

P. O. Address *Jarvisboro*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

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