

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34350

State File No. ....

FILED OCT 26 1955

BIRTH NO. .... REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 150

|                                                                                                                                                                                                                                                                                            |  |                                                                                                             |  |                                                                                                                                             |  |                                                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pulaski</u>                                                                                                                                                                                                                                              |  |                                                                                                             |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u> |  |                                                                                        |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville, Missouri</u>                                                                                                                                                                                  |  |                                                                                                             |  | c. CITY OR TOWN <u>Waynesville, Mo</u>                                                                                                      |  | d. Is Residence within limits of a city or incorporated town? Yes <u>a</u> No <u>x</u> |  |
| c. LENGTH OF STAY (In this place) <u>Life</u>                                                                                                                                                                                                                                              |  |                                                                                                             |  | e. STREET ADDRESS (If rural, give location) <u>Rural Rt. 1</u>                                                                              |  |                                                                                        |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hosp.</u>                                                                                                                                                                                                                   |  |                                                                                                             |  |                                                                                                                                             |  |                                                                                        |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>Bert.</u>                                                                                                                                                                                                                                        |  | a. (First)                                                                                                  |  | b. (Middle)                                                                                                                                 |  | c. (Last) <u>Adkison</u>                                                               |  |
| 4. DATE OF DEATH <u>10-16-55</u>                                                                                                                                                                                                                                                           |  | (Month)                                                                                                     |  | (Day)                                                                                                                                       |  | (Year)                                                                                 |  |
| 5. SEX <u>Male</u>                                                                                                                                                                                                                                                                         |  | 6. COLOR OR RACE <u>White</u>                                                                               |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>                                                                       |  | 8. DATE OF BIRTH <u>Feb. 24, 1901</u>                                                  |  |
| 9. AGE (In years last birthday) <u>54</u>                                                                                                                                                                                                                                                  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Floor Finisher</u>                                                                                     |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Pulaski Co., Bloodland, Mo</u>   |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>                                                                                                                                                                                                                                                    |  | 13a. FATHER'S NAME <u>William B. Adkison</u>                                                                |  | 13b. MOTHER'S MAIDEN NAME <u>Millissa E. Gan</u>                                                                                            |  | 14. NAME OF HUSBAND OR WIFE <u>Lillie Shrewsbury</u>                                   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>                                                                                                                                                                                                                |  | 16. SOCIAL SECURITY NO. <u>Unknown</u>                                                                      |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Lillie Adkison</u>                                                                                     |  | ADDRESS <u>Waynesville, Mo R</u>                                                       |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <u>Cerebral Ischemia</u>                                                                                                                                                                                                            |  |                                                                                                             |  | INTERVAL BETWEEN ONSET AND DEATH                                                                                                            |  |                                                                                        |  |
| ANTECEDENT CAUSES                                                                                                                                                                                                                                                                          |  |                                                                                                             |  | DUE TO (b) <u>Coronary Thrombosis</u>                                                                                                       |  |                                                                                        |  |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.                                                                                                                                                                                        |  |                                                                                                             |  | DUE TO (c) <u>Arteriosclerosis</u>                                                                                                          |  |                                                                                        |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                                                                                                                                        |  |                                                                                                             |  | <u>4201</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)                                                                                             |  |                                                                                        |  |
| 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>3-1-55</u> , 19 <u>55</u> , to <u>10-16-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10-16</u> , 19 <u>55</u> , and that death occurred at <u>11:20 a.m.</u> , from the causes and on the date stated above. |  |                                                                                                             |  |                                                                                                                                             |  |                                                                                        |  |
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u>                                                                                                                                                                                                                                        |  |                                                                                                             |  | 23b. ADDRESS <u>Waynesville, Missouri</u>                                                                                                   |  | 23c. DATE SIGNED <u>10-17-55</u>                                                       |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                                                                                                                                                                                                                                    |  | 24b. DATE <u>10-19-55</u>                                                                                   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Buckhorn Cemetery</u>                                                                                 |  | 24d. LOCATION (City, town, or county) (State) <u>Waynesville, Mo Rural</u>             |  |
| DATE REC'D BY LOCAL REG. <u>10-17-55</u>                                                                                                                                                                                                                                                   |  | REGISTRAR'S SIGNATURE <u>[Signature]</u>                                                                    |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>                                                                                         |  | ADDRESS <u>Hedges Funeral Home Waynesville, Mo</u>                                     |  |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-17-55  
Alaska County Health Officer  
File Number  
Date Filed 10-22-55

JUN 12 1956

### 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.....  
Signature of Student Embalmer

Signed.....  
Clarence Jones

Licensed Embalmer No. 489

P. O. Address.....  
Waples

- 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.