

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40384
5486

State File No. _____

FILED JAN 11 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>79 mos.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>5819 HOLMES STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ADELLE</u> b. (Middle) _____ c. (Last) <u>ADKINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC-15-1955</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>MAY 17, 1904</u>
9. AGE (In years last birthday) <u>51</u> if UNDER 1 YEAR Months _____ if UNDER 14 HRS. Days _____		11. BIRTHPLACE (City and State or Foreign Country) <u>INTERNAL REVENUE DEPT. GREENWOOD MISSOURI</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INTERNAL REVENUE DEPT. GREENWOOD MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>WAYNE B. HUNT</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISE TOELLE</u>	14. NAME OF HUSBAND OR WIFE <u>WESLEY L. ADKINS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>565-30-8324</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WESLEY L. ADKINS 5819 HOLMES STREET KANSAS CITY 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRAIN TUMOR</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3-4 MO.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>NONE</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>NONE</u>		

19a. DATE OF OPERATION <u>12-13-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Brain Tumor (Elioplastoma)</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Nov., 1955, to 12-15, 1955, that I last saw the deceased alive on 12-15, 1955, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert W. Forsythe</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>411 Nichols Rd.</u>		23c. DATE SIGNED <u>12-16-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC-17-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>12-17-55</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>P.W. NEWCOMER'S SONS KANSAS CITY, MO.</u>		

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edward M. St...*
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Licensed Embalmer No.....

P. O. Address *K. C. C.*

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.