

# STANDARD CERTIFICATE OF DEATH

State File No. **9781**  
 Registrar's No. **10**

FILED MAR 20 1956

|                                                                                                                 |  |                                                                                                   |  |                                                                                                                                                                                                                                                         |  |                                                                                                                                     |  |
|-----------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                 |  | REG. DIST. NO. <b>207</b>                                                                         |  | PRIMARY REG. DIST. NO. <b>5753</b>                                                                                                                                                                                                                      |  | Registrar's No. <b>10</b>                                                                                                           |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Maries</b>                                                                    |  |                                                                                                   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Maries</b>                                                                                                              |  |                                                                                                                                     |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Meta</b> <i>Rural</i>        |  | c. LENGTH OF STAY (in this place)                                                                 |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Meta</b>                                                                                                                                                             |  | d. STREET ADDRESS (If rural, give location)<br><b>Boone twp</b>                                                                     |  |
| 3. NAME OF DECEASED<br>(Type or Print) <b>Effie Belle Adkins</b>                                                |  |                                                                                                   |  | a. (First)                                                                                                                                                                                                                                              |  | b. (Middle)                                                                                                                         |  |
| c. (Last)                                                                                                       |  |                                                                                                   |  | 4. DATE OF DEATH <b>March 10 1956</b>                                                                                                                                                                                                                   |  | 5. SEX <b>F</b>                                                                                                                     |  |
| 6. COLOR OR RACE <b>White</b>                                                                                   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>                             |  | 8. DATE OF BIRTH <b>Mar. 10, 1888</b>                                                                                                                                                                                                                   |  | 9. AGE (in years last birthday) <b>68</b>                                                                                           |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY                                                                 |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Maries Co., Mo.</b>                                                                                                                                                                               |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>                                                                                             |  |
| 13a. FATHER'S NAME <b>Leander Martin</b>                                                                        |  | 13b. MOTHER'S MAIDEN NAME <b>Jane Elkins</b>                                                      |  | 14. NAME OF HUSBAND OR WIFE <b>James Adkins</b>                                                                                                                                                                                                         |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)                            |  |
| 16. SOCIAL SECURITY NO.                                                                                         |  | 17. INFORMANT'S SIGNATURE OR NAME <b>James Adkins</b>                                             |  | 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, asthma, etc. It means the disease, injury, or complication which caused death.                           |  | 19. INTERVAL BETWEEN ONSET AND DEATH <b>15 hr</b>                                                                                   |  |
| 18. CAUSE OF DEATH                                                                                              |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemiplegia</b> |  |                                                                                                                                                                                                                                                         |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 19a. DATE OF OPERATION                                                                                          |  | 19b. MAJOR FINDINGS OF OPERATION                                                                  |  |                                                                                                                                                                                                                                                         |  | 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 <b>Mar 10 1956</b> to <b>Mar 10 1956</b> , that I last saw the deceased alive on <b>Mar 10 1956</b> , and that death occurred at <b>11:30 A.M.</b> from the causes and on the date stated above. |  | 23a. SIGNATURE (Degree or title) <b>D.O.</b>                                                                                        |  |
| 23b. ADDRESS <b>Dixon, Mo.</b>                                                                                  |  | 23c. DATE SIGNED <b>3-12-56</b>                                                                   |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>                                                                                                                                                                                                 |  | 24b. DATE <b>3/12/56</b>                                                                                                            |  |
| 24c. NAME OF CEMETERY OR CREMATORY <b>Rowden</b>                                                                |  | 24d. LOCATION (City, town, or county) (State) <b>Meta, Mo</b>                                     |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter J. Jones</b>                                                                                                                                                                                                 |  | 25. ADDRESS <b>Hedges Funeral Homes Inc Iberia, Mo</b>                                                                              |  |
| DATE REC'D BY LOCAL REG. <b>3-17-56</b>                                                                         |  | REGISTRAR'S SIGNATURE <b>Pauline L. Howard</b>                                                    |  | 26. (Licensed Embalmer's Statement on Reverse Side)                                                                                                                                                                                                     |  |                                                                                                                                     |  |

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

(Licensed Embalmer's Statement on Reverse Side)

MAR 27 1965

### 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

*Walter P. Hedger*

Licensed Embalmer No.

*4265*

P. O. Address

*Shenandoah*

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.