

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 28 1957

4200

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett Mo.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin Memorial</u> Length of stay in lb <u>5 Days</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u> c. CITY OR TOWN <u>Kennett</u> Inside Limits <u>XX</u> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>602 Vine St.</u> Reside on Farm Yes <input type="checkbox"/> No <u>XX</u>			
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u></u> Last <u>Adkins</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>19-</u> Year <u>1957</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOW <u>XX</u> <u>2</u> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 13-1877</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>		11. BIRTHPLACE (City and state or country) <u>Tennessee /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Wilford Adkins</u>				14. MOTHER'S MAIDEN NAME <u>Mary Cherry</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> <u>XX</u>			16. SOCIAL SECURITY NO. <u>497-07-3512</u>		17. INFORMANT Address <u>Nora Curtis</u> <u>Kennett Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n): <u>Ca prostate</u>						INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>1955</u> to <u>19 Feb 57</u> and last saw her/him alive on <u>19 Feb 57</u> Death occurred at <u>1:30 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Joe A. Zimmerman</u> M.D.				22b. ADDRESS <u>Kennett Mo.</u>		22c. DATE SIGNED <u>2-21-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-22-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Campbell Mo.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Lentz Service</u> <u>Kennett Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>2-21-1957</u>		26. REGISTRAR'S SIGNATURE <u>Earl Hubbard</u>		

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature for diseases in Part I must be causally related.

RECEIVED DUNKLIN COUNTY
DEPARTMENT 2-26
COUNTY FILE NUMBER 2

MAR 6 1978

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edgar Lee Farn*

Licensed Embalmer No. 4433

P. O. Address Kennett M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.