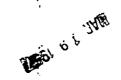
lth,		THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH							4200	
alfaro dic		1	4 , 4 4 ,	• • • • • • • • • • • • • • • • • • • •			STAT	E FILE NUME		
viçe	c3 ⁵²	1. PLACE OF DEATH o. COUNTY / Dunklin			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE b. COUNTY admission) Dunklin					
00 -56		b. CITY (If outsident on the name of the n	b. CITY (If outside corporate limits, give TOWNSHIP only) OR 1: TOWN Kennett Mo.			c. CITY OR TOWN Kennett			Inside Limits	
Se		c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION DUNKLIN Memorial 5 Days			d. STREET ADDRESS	(If outside, g	ive location)	Reside on Farm Yes□ NXCX		
ral cause		3. NAME OF DECEASED (Type or print)	First James		iddle .r	Last Adkins		eb. 19	9- 1957	
to natural		s. sex Male	6. COLOR OR RACE White O	7- MARRIED NET	DIVORCED 🔲	Sept. 13	9. AGE (In years last birthday) -1877 79		AR IF UNDER 24 HRS. Hours Min.	
3 (USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE	10a. USUAL OCCUPATION during most of wor Retired	(Give kind of work done king life, even if retired) Farmer	106. KIND OF BUSINES	SS OR INDUSTRY	11. BIRTHPLACE (City	and state of country) Tennesee /	12. CITIZEN OF	WHAT COUNTRY?	
o death		13. FATHER'S NAME Wilford	- -			14. MOTHER'S MAIDEN Mary Che	NAME			
<u>ه</u> ا		15. WAS DECEASED EVER (Yes, no, or unknown) (I	R IN U. S. ARMED FORCES If yes, give war or dates of ser XX	ruice)	. SECURITY NO. 7-3512	17. INFORMANT Nora Cur		nnett 1	Mo.	
of certify		PART I, DEAT	TM [Enter only one cause H WAS CAUSED BY: IMMEDIATE CAUSE (a)	te per line for (a), (b	· · ·	clusion		IN OI	TERVAL BETWEEN NSET-AND DEATH MISCURIA	
5		Conditions, i	(any.) DUE TO (b)		(
		which gave rise to above cause (a), stating the under- lying cause last. DUE TO (c)								
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)								
		20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
		20c. TIME OF HOUSE OF THE PROPERTY OF THE PROP	n,							
		WHILE AT T NO		E OF INJURY (e.g., in factory, street, office	or about home, bldg., etc.)	20/. CITY, TOWN, OF	LOCATION	COUNTY	STATE	
_		21. 1 attended the deceased from 1955, to 1972 57 and last saw her alive on 7972 57. Death occurred at 1950 mon the date stated above; and to the best of my knowledge, from the causes stated.								
E		Joeff.	Jimmy was	(Degree or title) M.D.	0	ZZb. ADDRESS Kennet	t Mo.	i	22c. DATE SIGNED 2-21-57	
diseases in Part	Ī	23a BURIAL, CREMATION. REMOVAL (Specify) Burial		23c. NAME OF	cemetery or ce awno Cei	REMATORY	23d. LOCATION (City, town. c Campbell	or county)	(State) Mo	
7g -	, [24 FUNERAL DIRECTOR Lentz Ser		_{RESS} Kennett l	25. DA	TE RECD. BY LOCAL RE	7 Cal IL	ATURE	an i	
(Licensed Embalmer's Statement on Reverse Side)										

RECEIVED DUNKLIN COUNT DEPARTMENT 2-24

COUNTY FILE NUMBER .2.



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..

Signature of Student Embalmer

Licensed Embalmer No.14133

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

P. O. Address Kennett M

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.