

THE DIVISION OF HEALTH OF MISSOURI

32407

STATE FILE NUMBER

FILED SEP 26 1957

Registration District No. 155

Primary Registration District No. 5578

Registrar's No. 161

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) JOPLIN Township		c. CITY OR TOWN JOPLIN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOPE MANOR		d. STREET ADDRESS (If outside, give location) 1818 GRAND AVE.	
3. NAME OF DECEASED (Type or print) First BENJAMIN Middle FRANKLIN Last ADKINS		4. DATE OF DEATH Month SEPTEMBER Day 5, Year 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH MAR. 7, 1869
9. AGE (In years last birthday) 88		10. FUND ☐ 1 YEAR ☐ IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER - C. G. HENDERSON GRO.		11. BIRTHPLACE (City and state or country) OAKTOWN, INDIANA	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME ADKINS	
13b. MOTHER'S MAIDEN NAME MINNIE STOTTS		14. NAME OF HUSBAND OR WIFE DEC'D MINNIE ADKINS, 1948	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT MRS. CARL L. JOHNSON, 1818 GRAND AVE.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic cerebro vascular disease		1 yr.	
DUE TO (c)		19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		334X	
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 INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☒	
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 4-8-57 to 9-5-57 and last saw her alive on 9-5-57 Death occurred at 9-5-57 4:00PM m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Alice H. Wilson MD	
22b. ADDRESS 1923 Sergeant, Joplin, Mo.		22c. DATE SIGNED 9-7-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9-7-57	
23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK		23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 9-16-57	
26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

County File Number 57-4-188
Date Filed SEP 23 1957

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin, Mo.

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.