

FILED AUG 1 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025289
STATE FILE NUMBER

Registration District No. 143

Primary Registration District No. 4232

Registrar's No. 21

300
1-57

460
1

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY HOWELL				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY HOWELL			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR RFD TOWN RFD				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN RFD 04600	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME				Length of stay in lb 21 Yrs		d. STREET ADDRESS (If outside, give location) Siloam Springs, Mo.	
3. NAME OF DECEASED (Type or print) First OWEN Middle R. Last ADKINS				4. DATE OF DEATH Month JULY Day 9 Year 1958			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH AUG 13, 1865	
9. AGE (In years last birthday) 92		IF UNDER 1 YEAR Months 92 Days 92		IF UNDER 24 HRS. Hours 92 Min. 92			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Unk	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Unk				13b. MOTHER'S MAIDEN NAME Unk		14. NAME OF HUSBAND OR WIFE Cynthia Adkins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or for unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. NO		17. INFORMANT Address Cynthia Adkins / Siloam Springs, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Senility							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) Coronary occlusion							3months
DUE TO (c) 4201							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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. Month, Day, Year p.m.							
20d. INJURY OCCURRED WHILE AT <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 _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Mardalee Ballard, Registrar				22b. ADDRESS Hillside Springs, Mo.		22c. DATE SIGNED 7/28/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 11, 1958		23c. NAME OF CEMETERY OR CREMATORY Siloam Springs		23d. LOCATION (City, town, or county) (State) Siloam Springs, Mo.	
24. FUNERAL DIRECTOR ADDRESS Robertson West Plains, Mo.				25. DATE RECD. BY LOCAL REG. 7/28/58		26. REGISTRAR'S SIGNATURE Mardalee Ballard	

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 

Licensed Embalmer No. 4577

P. O. Address West Plains

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.