

Dr. Auner

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009008

STATE FILE NUMBER

Registration District No.

128

Primary Registration District No.

2000

Registrar's No.

279

1. PLACE OF DEATH

a. COUNTY

GREENE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

PULASKI

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN
SPRINGFIELDInside Limits
Yes ☒ No ☐c. CITY
OR
TOWN
WAYNESVILLE

1856

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION
BURGE HOSP.Length of stay in 1b
4 HRS.d. STREET
ADDRESS
(If outside, give location)Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

RAYMOND

Middle

B.

Last

ADKINS

4. DATE
OF
DEATH

Month

MARCH

Day

14

Year

1959

5. SEX
MALE6. COLOR OR RACE
WHITE7. MARRIED ☒ NEVER MARRIED ☐
WIDOWED ☐ DIVORCED ☐8. DATE OF BIRTH
MAY 14 19069. AGE (In years
last birthday) 52
IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
OWNER-ADKINS REF. CO.10b. KIND OF BUSINESS OR
INDUSTRY11. BIRTHPLACE (City and state or country)
TALLULA, Illinois12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME

ANDRUS ADKINS

13b. MOTHER'S MAIDEN NAME

GRACE

14. NAME OF HUSBAND OR WIFE

JAUNITA ADKINS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, unknown) (If yes, give war or dates of service)
NO16. SOCIAL SECURITY NO.
500-07-0233

17. INFORMANT

Address

MRS. JAUNITA ADKINS WAYNESVILLE, 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)

Coronary insufficiency

INTERVAL BETWEEN
ONSET AND DEATH
10 daysConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Coronary arteriosclerosis

Mekuman

DUE TO (c)

4281

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Atherosclerotic occlusion & thrombosis - abdominal aorta

19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐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
WORK ☐ 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 3-14-59 to 3-14-59 and last saw her alive on 3-14-59
Death occurred at 9:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. R. Auner MD

22b. ADDRESS

404 Prof. Bld. Springfield, Mo.

22c. DATE SIGNED

3-16-59

23a. BURIAL, CREMATION,
REMOVAL (Specify)
BURIAL

23b. DATE

3/18/59

23c. NAME OF CEMETERY OR CREMATORY

HAZELGREEN CEMETERY

23d. LOCATION (City, town, or county)

HAZELGREEN, MO.

24. FUNERAL DIRECTOR

ADDRESS

H.H. LOHMEYER

SPRINGFIELD, MO.

25. DATE RECD. BY LOCAL REG.

3-16-59

26. REGISTRAR'S SIGNATURE

Effie E. Melton

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 14 1959

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 R. L. McCann

Licensed Embalmer No. 2727

P. O. Address Chicago, Ill.

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.