

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027908

FILED VS JUL 18 1960

240

Primary Registration District No.

Registrar's No.

97

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri COUNTY Pulaski			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville		Length of stay in 1b		c. CITY OR TOWN Waynesville,		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cullen Twp			Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First James Middle Joseph Last Adkison				4. DATE OF DEATH Month July Day 4 Year 1960			
5. SEX Male	6. COLOR OR RACE white	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 4/15/1882	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Pulaski Co. Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James Adkison		13b. MOTHER'S MAIDEN NAME Samantha Gan		14. NAME OF HUSBAND OR WIFE Lucinda Gan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address Ralph Gan 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) Pneumonia Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Due to (b) Cardiac Vascular disease DUE TO (c) 30 yrs						INTERVAL BETWEEN ONSET AND DEATH 30 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
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 10:05 a.m. Month, Day, Year July 3rd-60							
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 10:05 A.M. to 10:05 A.M. and last saw him alive on July 3rd-60 Death occurred at 10:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE [Signature] (Degree or title)				22b. ADDRESS Waynesville, Mo		22c. DATE SIGNED 7/5/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/6/60	23c. NAME OF CEMETERY OR CREMATORY Friendship		23d. LOCATION (City, town, or county) Waynesville, Mo.		(State)	
24. FUNERAL DIRECTOR B. D. Hedgus		ADDRESS Crocker, Mo.		25. DATE RECD. BY LOCAL REG. 7-5-60		26. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 18 1960

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 Clarence Thross

Licensed Embalmer No. 4896
P. O. Address Waynesville, Va.

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.