

## JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047177

FILED VS JAN 5 1967

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 262

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Saint Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis											
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Saint Charles		Length of stay in 1b DOA		c. CITY OR TOWN St. Ann		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3640 Adie Road		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Middle Last Rosemary Adkins				4. DATE OF DEATH Month Day Year Dec. 24, 1960											
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Feb. 24, 1960		9. AGE (last birthday) 0		IF UNDER 1 YEAR Months Days 10 0		IF UNDER 24 HR Hours Min. 0 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none				10b. KIND OF BUSINESS OR INDUSTRY none				11. BIRTHPLACE (City and state or country) Saint Charles, Mo.				12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME John H. Adkins				13b. MOTHER'S MAIDEN NAME Mary T. Jaegers				14. NAME OF HUSBAND OR WIFE None							
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. None				17. INFORMANT John H. Adkins, St. Ann, Mo.				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) EVIDENT NATURAL CAUSES Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DEP. CORONER NOTIFIED REG. 12/24/60 DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH					
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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. p.m.		Month, Day, Year													
20d. INJURY OCCURRED WHILE AT WORK <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/him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE Marcella Wilson				(Degree or title) R. Reg.				22b. ADDRESS 902 Holly St. Charles, Mo. 12/25/60				22c. DATE SIGNED (State)			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec. 26, 1960		23c. NAME OF CEMETERY OR CREMATORY Central Grove Cemetery				23d. LOCATION (City, town, or county) HARRINGTON				Mo			
24. FUNERAL DIRECTOR H.C. Dallmeyer & Sons, St. Charles, Mo.				ADDRESS				25. DATE RECD. BY LOCAL REG. 12/25/60				26. REGISTRAR'S SIGNATURE Marcella Wilson			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 6 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Licensed Embalmer No. 48

P. O. Address St. Ch

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.