DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-042017
STATE FILE NUMBER

AMENDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 274

FILED DEC 11 1961

1. PLACE OF DEATH
a. COUNTY Randolph County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly
Length of stay in 1b: 4½ hours
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Memorial
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Boone
c. CITY OR TOWN Centralia
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route 2
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Marty Middle Ray Last Adkisson

4. DATE OF DEATH Month Nov Day 9 Year 1961

5. SEX Male
6. COLOR OR RACE Caucasian
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6/24/60
9. AGE (last birthday)
IF UNDER 1 YEAR Months 17 Days
IF UNDER 24 HR Hours Min.

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) Randolph County, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Thirmon Adkisson
13b. MOTHER'S MAIDEN NAME Helen Lee Harlan
14. NAME OF HUSBAND OR WIFE --------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Address Mrs. Thirmon Adkisson, Centralia

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hemophilus influenzae Meningitis — INTERVAL BETWEEN ONSET AND DEATH 30 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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 a.m. p.m. Month, Day, Year
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 11-9-61 to 11-9-61 and last saw him alive on 11-9-61
Death occurred at 5:25 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. H. McCormick (Degree or title) D.O.
22b. ADDRESS Moberly Mo.
22c. DATE SIGNED 11-30-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 11, 1961
23c. NAME OF CEMETERY OR CREMATORY Centralia
23d. LOCATION (City, town, or county) (State) Centralia, Missouri

24. FUNERAL DIRECTOR ADDRESS Guy J. Meador Centralia Missouri
25. DATE RECD. BY LOCAL REG. 12-6-61
26. REGISTRAR'S SIGNATURE Isabel Lowe

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

DEC 12 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 m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bill Jo Meadow

Licensed Embalmer No. 4876

P. O. Address Centralia, Mis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.