

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006053

STATE FILE NUMBER

AMENDED

Registration District No. 103 Primary Registration District No. 5417 Registrar's No. 4

FILED MAR 7 1962

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Dunklin</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hornersville</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Dunklin</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u>		Length of stay in 1b <u>3 mos.</u>		c. CITY OR TOWN <u>Hornersville</u>		Inside Limits Yes ☐ No ☐	
		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED				4. DATE OF DEATH			
First (Type or print) <u>SAMUEL</u>		Middle <u>FRANKLIN</u>		Last <u>ADKINS</u>		Month <u>Feb.</u>	
						Day <u>20th,</u>	
						Year <u>1962</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH <u>8/5/1887</u>	
						9. AGE (last birthday) <u>74</u>	
						IF UNDER 1 YEAR Months <u>6</u> Days <u>15</u>	
						IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Ripley Tenn.</u>	
13a. FATHER'S NAME <u>J ames Adkins</u>				13b. MOTHER'S MAIDEN NAME <u>Sarah Scrimm</u>		14. NAME OF HUSBAND OR WIFE <u>Nora Smith Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Ruthie Lee Adkins Hornersville Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>atherosclerotic heart disease</u>				<u>20 years</u>			
DUE TO (c) <u>Complete heart block</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I <u>Complete heart block</u>				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 <u></u> a.m. <u></u> p.m. <u></u>		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 <u>3/21/56</u> to <u>2/20/62</u> and last saw him alive on <u>2/20/62</u>		Death occurred at <u>10 256</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>R J Polusha MD</u>		(Degree or title)		22b. ADDRESS <u>Hornersville Mo</u>		22c. DATE SIGNED <u>3/3/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb. 22, 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Horner Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Hornersville Mo.</u>	
24. FUNERAL DIRECTOR <u>HOWARD</u>		ADDRESS <u>Leachville Ark.</u>		25. DATE RECD. BY LOCAL REG. <u>3/5/62</u>		26. REGISTRAR'S SIGNATURE <u>Sue Palenski</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 W. H. Howard

Licensed Embalmer No. 3959

P. O. Address Dayton, Ark.

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.