

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=62-010120**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **50**

Primary Registration District No. **5179**

Registrar's No. **13**

**FILED MAR 27 1962**

VS 300  
Rev. 4/59

**1 0150**

**2 01502**

**3**

**4 0**

**5 2**

**6**

**7 0**

**8 2**

**9 442X**

**10**

**11**

**12 86-0**

**13 2-0**

DATE AMENDED

INSTEAD OF

SHOULD BE READY

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Camden</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Camden</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Osage Twp.</b>		c. CITY OR TOWN <b>Roach</b>	
Length of stay in 1b <b>18 Months</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mozark Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>Lake Road 54 - 85</b>	
3. NAME OF DECEASED (Type or print) First <b>Henry</b> Middle <b>Harrison</b> Last <b>Adkins</b>		4. DATE OF DEATH Month <b>March</b> Day <b>14</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 12-1859</b>
9. AGE (last birthday) <b>103</b>		10. IF UNDER 1 YEAR Months <b>2</b> Days <b>2</b> Hours <b>2</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	
11. BIRTHPLACE (City and state or country) <b>Benton County Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jacob Adkins</b>		13b. MOTHER'S MAIDEN NAME <b>Missouri Andle</b>	
14. NAME OF HUSBAND OR WIFE <b>Mary Louise Falsom</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT <b>Charles J. Adkins, Roach, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardio-Vascular-Renal Disease with acute</b> DUE TO (b) <b>Cardiac Failure</b> DUE TO (c) <b>Arteriosclerosis Generalized</b> 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.) <b>-----</b>	
20c. TIME OF INJURY Hour <b>-----</b> Month, Day, Year <b>-----</b> a.m. <b>-----</b> p.m. <b>-----</b>	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.) <b>-----</b>		20f. CITY, TOWN, OR LOCATION <b>Camden</b> COUNTY <b>Missouri</b> STATE <b>Mo</b>	
21. I attended the deceased from <b>March 1961</b> to <b>March 14, 1962</b> and last saw him alive on <b>March 13, 1962</b> Death occurred at <b>1:20 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Print or type) <b>Thos. A. Wayland MD</b>		22b. ADDRESS <b>Camdenton, Missouri.</b>	
22c. DATE SIGNED <b>Mar. 17-62</b>		22d. LOCATION (City, town, or county) <b>Morgan County, Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Mar. 20-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Adkins Cemetery</b>	
24. FUNERAL DIRECTOR <b>Robert H. Reed, Camdenton Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Mar. 19-1962</b>	
26. REGISTRAR'S SIGNATURE <b>Zilpha Inaw.</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Camden, Mo.

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.