

-62-011953

STATE FILE NUMBER

AMENDED

Registration District No. 21 Primary Registration District No. _____ Registrar's No. 21

~~FILED~~ MAR 21 1957

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton		c. CITY OR TOWN Princeton, Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hospital		d. STREET ADDRESS (If outside, give location) rural Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) OLIS		4. DATE OF DEATH Month March Day 11, Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 5/6/1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Grain & Stock	11. BIRTHPLACE (City and state or country) Harrison County Mo.
13a. FATHER'S NAME Jerry Adkins		13b. MOTHER'S MAIDEN NAME Celia Ann Booth	14. NAME OF HUSBAND OR WIFE Alta A. Adkins (deceased)
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. 494-40-7719A	17. INFORMANT Mrs. Wm. F. Campbell, Princeton, 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) Hypostatic pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic brain disease DUE TO (c) Cerebral arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 3 days 3 months unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Uremia due to prostate hyperthrophy			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 December 5, 1961 , to March 11, 1962 and last saw him alive on March 10, 1962 Death occurred at 2:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Frank J. Zalowitz		22b. ADDRESS Princeton, Mo.	
22c. DATE SIGNED 3/12/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 13, 1962	23c. NAME OF CEMETERY OR CREMATORY Princeton Cemetery	23d. LOCATION (City, town, or county) Princeton, Mo.
24. FUNERAL DIRECTOR Martin & Azbell Funeral Home, Princeton,	25. DATE RECD. BY LOCAL REG. 3-12-62	26. REGISTRAR'S SIGNATURE Steve Mann	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

**OR
TYPEWRITER RIBBON**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

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 Lyman Abel

Licensed Embalmer No. 5020

P. O. Address Princeton, 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.