

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5-3-62-018605

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED **F**

Registration District No. 120 Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

**LED MAY 21 1962**

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Albany</b>		Length of stay in 1b <b>8 1/2 hrs.</b>	c. CITY OR TOWN <b>McFall</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gentry County Memorial Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>McFall</b>
3. NAME OF DECEASED (Type or print) First <b>IDA</b> Middle <b>ADKISSON</b> Last <b>ADKISSON</b>		4. DATE OF DEATH Month <b>May</b> Day <b>21</b> Year <b>1962</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</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>July 18 1915</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	9. AGE (last birthday) <b>86</b>
11. BIRTHPLACE (City and state or country) <b>unknown Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>William Palmer</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Brown</b>	14. NAME OF HUSBAND OR WIFE <b>Charles T. Adkisson</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>none</b>	17. INFORMANT <b>Mrs Harry Weber</b> Address <b>Colby, Kansas</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>Cerebral Hemorrhage.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>38 hrs.</b>
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. <input type="checkbox"/> Yes <input checked="" 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.		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 <b>Albany, Mo.</b>	
20g. COUNTY <b>Gentry</b>		20h. STATE <b>Missouri</b>	
21. I attended the deceased from <b>May 21-62</b> to <b>May 21-62</b> and last saw her alive on <b>May 21-62</b> Death occurred at <b>10:05 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>C. J. Pray, D.O.</b>		22b. ADDRESS <b>Albany, Mo.</b>	
22c. DATE SIGNED <b>4-22-62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>May 23 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bula</b>	23d. LOCATION (City, town, or county) (State) <b>Colby, Kansas</b>
24. FUNERAL DIRECTOR <b>Brooks-Cochell Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>5-23-1962</b>	
ADDRESS <b>Albany, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. L. W. Bare</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 me, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Donald E Coehel

Licensed Embalmer No. 4868

P. O. Address Albany, 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.