

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026571

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2nd Registrar's No. 1146

FILED JUL 30 1962

1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **SPRINGFIELD**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY **GREENE**

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Burge Hospital**

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

806 S. Patton

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

INFANT GIRL ADKINS

Month

Day

Year

July

24, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/23/1962

9. AGE (last birthday)

0

IF UNDER 1 YEAR IF UNDER 24 HR

Months 0

Days 0

Hours 7 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10b. KIND OF BUSINESS OR INDUSTRY

Infant

11. BIRTHPLACE (City and state or country)

Springfield, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Walter S. Adkins

13b. MOTHER'S MAIDEN NAME

Donna Hogan

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Steve Adkins (Father) Springfield, 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)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Respiratory Failure
Congenital Atelelectasis
Prematurity

INTERVAL BETWEEN ONSET AND DEATH

7 hrs

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 ☐ Unknown19. 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.
Month, Day, Year20d. 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 7/23/62 to 7/24/62 and last saw her alive on 7/24/62
Death occurred at 5:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

609 Cherry
Springfield, Missouri

22c. DATE SIGNED

7/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7/25/62

23c. NAME OF CEMETERY OR CREMATORY

Greenlawn Cemetery

23d. LOCATION (City, town, or county)

Springfield, Missouri

24. FUNERAL DIRECTOR

ADDRESS

KLINGNER MORTUARY, INC. Springfield, Mo.

25. DATE RECD. BY LOCAL REG.

7-27-62

26. REGISTRAR'S SIGNATURE

Effie S. Melton

jhc

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0397

2 0397

3

4 1

5 0

6

7 0

8 0

9 762.5

10

11

12 1-0

13

Permit 7-25-65

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 Max Rhodes

Licensed Embalmer No. 4071
P. O. Address _____

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.