

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037668

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

1172

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

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

1. PLACE OF DEATH
a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Joseph

Length of stay in 1b

7 years

c. FULL NAME OF (If NOT in hospital, give location)

Missouri Methodist Hosp.

Inside Limits

Yes ☒ No ☐

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

a. STATE Missouri b. COUNTY Buchanan

c. CITY

OR

TOWN

St. Joseph

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

503 Antoine

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
GRANDVILLE NORD ADKISON4. DATE OF DEATH
Month Day Year
October 13, 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/3/1912

9. AGE (last birthday)

50

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

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

farmer

10b. KIND OF BUSINESS OR INDUSTRY

farm

11. BIRTHPLACE (City and state or country)

Licking, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Hubert S. Adkison

13b. MOTHER'S MAIDEN NAME

Bertha Nord

14. NAME OF HUSBAND OR WIFE

Virginia

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.

357-18-4235 DA Mrs. Virginai Adkison, 503 Antoine, St. Joseph

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral and General Metastases

INTERVAL BETWEEN ONSET AND DEATH

1 month

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

DUE TO (b) Carcinoma of Prostate

10 months

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.

☐ 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. 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 9/9/62 to 10/13/62 and last saw her alive on 10/12/62

Death occurred at 5:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Sharon E. Waggoner M.D.

22b. ADDRESS

301 Illinois Ave
St. Joseph, Missouri

22c. DATE SIGNED

10/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

10/16/1962

23c. NAME OF CEMETERY OR CREMATORY

Savannah Cemetery

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

Savannah

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Heston - Bowman, St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

Oct. 18, 1962

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

S.E. Waggoner, M.D. CERTIFICATION

Examinated 10/16/62

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, H. Gray, 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.