

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043534

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 242Primary Registration District No. 4362Registrar's No. 2

FILED DEC 10 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Morehouse</u>		c. CITY OR TOWN <u>Morehouse</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>family home</u>		d. STREET ADDRESS (If outside, give location) <u>- - -</u>	
3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>Young</u> Last <u>Adkins</u>		4. DATE OF DEATH <u>December 4, 1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>cauc.</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>11/20/1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad worker (retired) railroad</u>		11. BIRTHPLACE (City and state or country) <u>Union Co. Kentucky</u>	
13a. FATHER'S NAME <u>Thomas Adkins</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>Beatrice Adkins, Morehouse, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial failure</u> DUE TO (b) <u>A.C.V Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Asthma & Emphysema</u>		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 <u>Morehouse, Missouri</u>		
21. I attended the deceased from <u>12-3-62</u> to <u>12-4-62</u> and last saw her alive on <u>12-4-62</u> Death occurred at <u>5:40 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Alden B. Sargent M.D.</u> (Degree or title)		22b. ADDRESS <u>Likeston, Mo</u>	
22c. DATE SIGNED <u>12-6-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>12/7/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Moreley Cemetery</u>	23d. LOCATION (City, town, or county) <u>Moreley, Missouri</u>
24. FUNERAL DIRECTOR <u>Watkins & Sons, Morehouse, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-7-62</u>	
26. REGISTRAR'S SIGNATURE <u>Mathew L. M. Bain</u>			

DEC 13 1962

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 Earl M. Watkins

Licensed Embalmer No. 4964

P. O. Address Keytes 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.

Funeral Permit Obtained.