

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025406

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 290 Primary Registration District No. 5983 Registrar's No. 78

STATE FILE NUMBER

FILED JUN 25 1963

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St Roberts</u>		c. CITY OR TOWN <u>Big Piney</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Star Motel</u>		d. STREET ADDRESS (If outside, give location) <u>Star Motel</u>	
3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle <u>Stanley</u> Last <u>Adkins</u>		4. DATE OF DEATH Month <u>June</u> Day <u>16</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒	8. DATE OF BIRTH <u>Nov 14 1930</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electronic Eng</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Commercial</u>	
11. BIRTHPLACE (City and state or country) <u>E Corondelet Ill</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Harry Adkins</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Gray</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1951 - 1956</u>	
16. SOCIAL SECURITY NO. <u>321 24 5283</u>		17. INFORMANT <u>Marie Adkins</u> Address <u>Big Piney Missouri</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>Perforation of Brain</u> DUE TO (b) <u>Gunshot wound to right temporal area</u> DUE TO (c) <u>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
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 ☐ 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.) <u>Victim evidently fired shot into head</u>	
20c. TIME OF INJURY Hour <u>6</u> Month <u>16</u> Day <u>63</u> a.m. <u>?</u> p.m. <u>?</u>	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.) <u>Star Motel Rm #14</u>		
20f. CITY, TOWN, OR LOCATION <u>St Roberts</u>		COUNTY <u>Pulaski</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>6/17/63</u> and last saw him/her on <u>6/17/63</u> Death occurred at <u>unknown</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Clarence Moss</u> (Degree or title) <u>Coroner</u>	
22b. ADDRESS <u>Waynesville, Missouri</u>		22c. DATE SIGNED <u>6/17/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/20/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Waynesville Missouri</u>
24. FUNERAL DIRECTOR <u>Moss Williams</u>	25. DATE REC'D. BY LOCAL REG. <u>6-18-63</u>	26. REGISTRAR'S SIGNATURE <u>Clarence Moss</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

JUL 8 1963

7-12-64

JUL 26 1963

JUL 19 1963

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 _____

Clarena Shoss

Licensed Embalmer No. _____

4896

P. O. Address _____

Waynesville 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.