

## MISSOURI DIVISION OF HEALTH—STANDARD CERTIFICATE OF DEATH

0050671

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1517 STATE FILE NUMBER

VS 300  
Rev. 4/59

15117

25117

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94201

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122-0

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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.

AF FILED 2064

|                                                                                                                                                                                                                                                                                                                                                          |                                  |                                                                                                                                                                          |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>                                                                                                                                                                                                                                                                                                           |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>                              |                                     |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Joseph, Mo.</b>                                                                                                                                                                                                                                                              |                                  | c. CITY OR TOWN <b>St. Joseph, Mo.</b>                                                                                                                                   |                                     |
| Length of stay in lb <b>4 months</b>                                                                                                                                                                                                                                                                                                                     |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                     |                                     |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Metho<sup>d</sup>ist Hospital</b>                                                                                                                                                                                                                                      |                                  | d. STREET ADDRESS (If outside, give location)<br><b>5636 So. 3rd.</b>                                                                                                    |                                     |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>Merthe Ellen Adkins</b>                                                                                                                                                                                                                                                                                     |                                  | 4. DATE OF DEATH<br>Month <b>Dec.</b> Day <b>27</b> , Year <b>1963</b>                                                                                                   |                                     |
| 5. SEX<br><b>Female</b>                                                                                                                                                                                                                                                                                                                                  | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>              | 8. DATE OF BIRTH<br><b>4/18/'91</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>                                                                                                                                                                                                                                          |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>none</b>                                                                                                                         | 9. AGE (last birthday)<br><b>72</b> |
| 11a. FATHER'S NAME<br><b>Unknown</b>                                                                                                                                                                                                                                                                                                                     |                                  | 11b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>                                                                                                                              |                                     |
| 12a. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>                                                                                                                                                                                                                                |                                  | 12b. SOCIAL SECURITY NO.<br><b>none</b>                                                                                                                                  |                                     |
| 13a. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Coronary Occlusion</b><br>DUE TO (b) <b>Arteriosclerotic Heart Disease</b><br>DUE TO (c) <b>Arteriosclerosis</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                                  | 13b. BIRTHPLACE (City and state or country)<br><b>Creighton, Mo.</b>                                                                                                     |                                     |
| 14. NAME OF HUSBAND OR WIFE<br><b>George Adkins</b>                                                                                                                                                                                                                                                                                                      |                                  | 15. NAME OF INFORMANT<br><b>Gladys Greble</b>                                                                                                                            |                                     |
| 16. ADDRESS<br><b>5636 So. 3rd.</b>                                                                                                                                                                                                                                                                                                                      |                                  | 17. ADDRESS<br><b>St. Joseph, Mo.</b>                                                                                                                                    |                                     |
| 18. INTERVAL BETWEEN ONSET AND DEATH<br><b>sudden</b>                                                                                                                                                                                                                                                                                                    |                                  | 19. INTERVAL BETWEEN ONSET AND DEATH<br><b>6 yrs</b>                                                                                                                     |                                     |
| 20. INTERVAL BETWEEN ONSET AND DEATH<br><b>unknown</b>                                                                                                                                                                                                                                                                                                   |                                  | 21. PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                     |
| 22. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                   |                                  | 23. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                              |                                     |
| 24. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)                                                                                                                                                                                                                                                              |                                  | 25. TIME OF INJURY<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.                                                                                   |                                     |
| 26. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                                                                                    |                                  | 27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                                                                  |                                     |
| 28. CITY, TOWN, OR LOCATION<br><b>St. Joseph, Missouri</b>                                                                                                                                                                                                                                                                                               |                                  | 29. COUNTY<br><b>Missouri</b>                                                                                                                                            |                                     |
| 30. STATE<br><b>Missouri</b>                                                                                                                                                                                                                                                                                                                             |                                  | 31. I attended the deceased from <b>8/5/57</b> to <b>12/27/63</b> and last saw her alive on <b>12/27/63</b>                                                              |                                     |
| 32. Death occurred at <b>3:15 a</b> m on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                                                 |                                  | 33. 22a. SIGNATURE (Degree or title)<br><b>Sharon E. Waggoner M.D.</b>                                                                                                   |                                     |
| 34. 22b. ADDRESS<br><b>301 Illinois Ave St. Joseph, Missouri</b>                                                                                                                                                                                                                                                                                         |                                  | 35. 22c. DATE SIGNED<br><b>12/27/63</b>                                                                                                                                  |                                     |
| 36. 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                                                                                                                                                                                                                                                                                           |                                  | 37. 23b. DATE<br><b>Dec. 28, '63</b>                                                                                                                                     |                                     |
| 38. 23c. NAME OF CEMETERY OR CREMATORY<br><b>Deerborn, Cemetery</b>                                                                                                                                                                                                                                                                                      |                                  | 39. 23d. LOCATION (City, town, or county) (State)<br><b>Deerborn, Missouri</b>                                                                                           |                                     |
| 40. 24. FUNERAL DIRECTOR<br><b>Vaughn &amp; Aufrano, Deerborn, Mo.</b>                                                                                                                                                                                                                                                                                   |                                  | 41. 25. DATE RECD. BY LOCAL REG.<br><b>Jan. 16, 1964</b>                                                                                                                 |                                     |
| 42. 26. REGISTRAR'S SIGNATURE<br><b>Mrs. Clark Goodell</b>                                                                                                                                                                                                                                                                                               |                                  |                                                                                                                                                                          |                                     |

**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

*W R Vaughn*

Licensed Embalmer No.

*4023*

P. O. Address

*Weston, 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.