

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011363

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 5507 Registrar's No. 91 STATE FILE NUMBER

DO NOT WRITE ON THIS STUD AMENDED

FILED MAR 25 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
10420					
20420					
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94200					
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11					
1290-0					
131-0					
ITEM NO.	SHOULD READ				

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton, Davis Township		Length of stay in 1b 91 yrs.	c. CITY OR TOWN Clinton, Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD. # 5		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD. # 5, Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) MATTIE A. ADKINS			4. DATE OF DEATH March 18, 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/27/1864
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper & Switch board operator		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 98 IF UNDER 1 YEAR: Months 4 Days 21 IF UNDER 24 HR: Hours Min.
11a. FATHER'S NAME James B. Arnold		11b. BIRTHPLACE (City and state or country) Pike Co., Mo.	
13a. MOTHER'S MAIDEN NAME Nancy Hutchinson		14. NAME OF HUSBAND OR WIFE -	
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. 493 12 9169A	17. INFORMANT Address Mrs. Cecil Zink, Rt. 5, Clinton, 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) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerotic Heart disease			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 days 5 years. 7 years.
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 Feb 19, 1963 to Feb 12, 1963 and last saw her alive on Feb 12, 1963 Death occurred at 1:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. R. S. Hallingworth M.D.		22b. ADDRESS Clinton Missouri	22c. DATE SIGNED 3/19/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 21, 1963	23c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery	23d. LOCATION (City, town, or county) Clinton, Mo.
24. FUNERAL DIRECTOR Vansant Funeral Home, Clinton, Mo.	25. DATE RECD. BY LOCAL REG. 3-19-1963	26. REGISTRAR'S SIGNATURE Mildred Bigum	

USE BLACK INK OR TYPEWRITER RIBBON

MAR 26 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 H. A. Vansant

Licensed Embalmer No. 3779
P. O. Address Clinton, 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.