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 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED NOV 14 1955

State File No. 34234

BIRTH NO. <u>58290-55</u>		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>5901</u>		Registrar's No. <u>168</u>	
1. PLACE OF DEATH a. COUNTY <u>Pemisscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemisscot</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Concord twp</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>94</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				f. STREET ADDRESS (If rural, give location) <u>Rt 2 Postageville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Luther</u>			b. (Middle)		c. (Last) <u>Adkins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 28, 1955</u>
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Sept 5, 1955</u>	
9. AGE (In years) IF UNDER 1 YEAR (Month) (Day) <u>23 DAYS</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Pemisscot County Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		3a. FATHER'S NAME <u>James Adkins</u>		13b. MOTHER'S MAIDEN NAME <u>Ruthie Stone</u>		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) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Adkins Rt 2 Postageville Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to death</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>9/60</u> <u>16</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Concord twp Pemisscot Mo</u>		21f. HOW DID INJURY OCCUR? <u>Home Burned</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-28-55 3:55 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:55 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John H. German Coroner</u>		23b. ADDRESS <u>Hayti, Mo</u>		23c. DATE SIGNED <u>10-28-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-29-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Postageville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Postageville Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-29-55</u>		REGISTRAR'S SIGNATURE <u>John W German</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. German</u>		ADDRESS <u>Hayti, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

11-313-55

NOV 10 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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

not embalmed

Signed.....
John H. German

Licensed Embalmer No. *235*

P. O. Address *Hayti, 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.