Health, Welfare Public Service

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1-56

FILED NOV 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36694
STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. 5788 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wyatt Miss. Twp. Near Deventer — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) P.O. Box 693 — Length of stay in 1b 1 yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Miss.
c. CITY OR TOWN Wyatt Miss. Twp. Near Deventer — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) P. O. Box 693 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Merlie Middle: Last: Adkins
4. DATE OF DEATH Month Day Year: Oct. 27, 1957
5. SEX: Female
6. COLOR OR RACE: Col.
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Nov. 12, 1897
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Wolf Island, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Wm. Beard
14. MOTHER'S MAIDEN NAME: Susie Lee
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: ———
17. INFORMANT: Leonard Adkins, Gen. Del. Address: Wyatt, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Influenzal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2-3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 480X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 COUNTY STATE

21. I attended the deceased from 26 Oct 57, to 26 Oct 57 and last saw her/him alive on 26 Oct 57
Death occurred at 1:20A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John L. Sample M.D. (Degree or title)
22b. ADDRESS Charleston Mo
22c. DATE SIGNED 27 Oct 57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: November 1, 1957
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): Charleston, Mo.

24. FUNERAL DIRECTOR: L. R. Sparks — ADDRESS: Charleston, Mo.
25. DATE RECD. BY LOCAL REG.: 10-28-57
26. REGISTRAR'S SIGNATURE: Gertrude G. Harper

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1970

RECEIVED
Miss. Co. Health Dept.
County File No._____
Date Filed 10-31-57

NOV 5 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Edward A. Ruffin

Licensed Embalmer No. 5022
2501 Poplar
P. O. Address Cairo, Il

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.