

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020664
STATE FILE NUMBER

FILED MAY 19 1958 Registration District No. 352 Primary Registration District No. 4577 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Taney</u>	
b. CITY OR TOWN <u>BRANSON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Forsyth</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Skaggs Hosp</u>		Length of stay in lb <u>1 day</u>	d. STREET ADDRESS (If outside, give location) <u>Forsyth</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Ernest</u> Middle <u>Adkins</u> Last <u>Adkins</u>			4. DATE OF DEATH Month <u>Apr</u> Day <u>29</u> Year <u>1958</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 17, 1885</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>22</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Station operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>gas station</u>	11. BIRTHPLACE (City and state or country) <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Ballard Adkins</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ball</u>		14. NAME OF HUSBAND OR WIFE <u>Joyce Adkins</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWI</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Joyce Adkins</u> Address <u>Forsyth Mo</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>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>		

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.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____

21. I attended the deceased from <u>Apr. 29, 1958</u> to <u>Apr. 30, 1958</u> and last saw her alive on <u>Apr. 30, 1958</u> Death occurred at <u>3:00 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Martin M Branson</u> (Degree or title)	22b. ADDRESS <u>Branson Mo</u>
22c. DATE SIGNED <u>5-2-58</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-3-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>First Memorial Park</u>	23d. LOCATION (City, town, or county) (State) <u>Branson, Mo</u>
24. FUNERAL DIRECTOR <u>W. Sloth</u> ADDRESS <u>Forsyth, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-14-58</u>	26. REGISTRAR'S SIGNATURE <u>Helen Campbell</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAY 19 1958

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 *Walter S. Cobb*

Licensed Embalmer No. *4731*

P. O. Address *.....*

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.