

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009007

STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 128 Primary Registration District No. 2500 Registrar's No. 279B

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| 1. PLACE OF DEATH a. COUNTY Green | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Route 1, Conway |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hosp | | Length of stay in lb 8 hrs. | d. STREET ADDRESS (If outside, give location) Route 1 |
| Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |

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|--|---------------------------|---|--|-------------------------------------|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last Pamela Sue Adkins | | | 4. DATE OF DEATH Month Day Year March-14-1959 | | |
| 5. SEX Female | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 4, 1959 | | 9. AGE (In years last birthday) 10 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY none | 11. BIRTHPLACE (City and state or country) Marshfield, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Robert Adkins | | 13b. MOTHER'S MAIDEN NAME Charlene McCoy | | 14. NAME OF HUSBAND OR WIFE none | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT Robert Adkins | |
| | | | | Address Lebanon, Missouri | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema | | INTERVAL BETWEEN ONSET AND DEATH 1 day |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 7700 | | |
| DUE TO (c) Hemolytic disease of the newborn | | 10 days |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) cerebral hemorrhage, pulmonary hemorrhage, icterus | | |

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| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m. | | |
| 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 3-5-59 to 3-14-59 and last saw her/him alive on 3-14-59
Death occurred at 3 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) David D. Thompson M.D. | 22b. ADDRESS 1630 N Jefferson | 22c. DATE SIGNED 3-27-59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 3-16-59 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Rose Memorial Park | 23d. LOCATION (City, town, or county) (State) Lebanon, Missouri |
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| 24. FUNERAL DIRECTOR A.J. Shull | ADDRESS Lebanon, Mo. | 25. DATE RECD. BY LOCAL REG. 4-1-59 | 26. REGISTRAR'S SIGNATURE Effie B. Melton |
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Use only black ink or ribbon typewrite if possible. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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 *Ralph H. Linn*

Licensed Embalmer No. *3681*

P. O. Address *Summit, N.J.*

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.