

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021167

STATE FILE NUMBER

FILED JUN 24 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2889

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-57 D

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City, Mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City, Mo</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hospital</b>		Length of stay (If in hospital) <b>18 days</b>	d. STREET ADDRESS (If outside, give location) <b>1329 Wabash</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Herschel</b> Middle <b>O.</b> Last <b>Adkins</b>			4. DATE OF DEATH Month <b>6-</b> Day <b>15</b> Year <b>59</b>			
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>3-2-98</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>15</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lithographer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Griner-Fifield</b>	11. BIRTHPLACE (City and state or country) <b>Near Carrollton, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Phillip Adkins</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Harmon</b>	14. NAME OF HUSBAND OR WIFE <b>unknown</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>492-10-0949</b>	17. INFORMANT <b>Ernest Adkins</b>	Address <b>106 S. Bellaire</b>
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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) <b>Possible C.V.A. with coma</b>		INTERVAL BETWEEN ONSET AND DEATH
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) <b>331X</b>		

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.)
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20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <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 _____
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21. I attended the deceased from <b>5-28-59</b> to <b>6-15-59</b> and last saw <sup>her</sup> him alive on <b>6-15-59</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE <i>Abraham Gelpert</i> (Degree or title)	22b. ADDRESS <b>2400 Cherry</b>	22c. DATE SIGNED <b>6-15-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>June 15, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY _____	23d. LOCATION (City, town, or county) (State) <b>Carrollton, Missouri</b>
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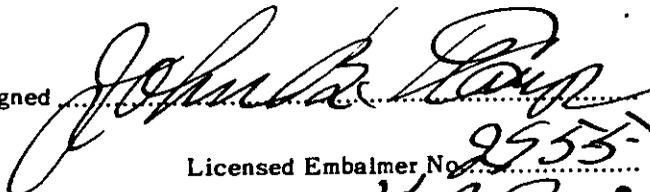
24. FUNERAL DIRECTOR <b>Earp &amp; Sons 4707 Truman Rd.</b>	25. DATE RECD. BY LOCAL REG. <b>6-15-59</b>	26. REGISTRAR'S SIGNATURE <i>Reva Marshall</i>
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Abraham Gelpert  
Part I must be carefully related.  
M. D.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
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  .....  
Licensed Embalmer No. 2555-1  
P. O. Address H.C. Ind.

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.