

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022013

STATE FILE NUMBER

FILED JUL 1 1959

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. 97

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1-57
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1. PLACE OF DEATH a. COUNTY Laclede			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY PUJASKI		
b. CITY (If outside corporate limits, give TOWNSHIP only) Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Waynesville, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 mi. E. Lebanon		Length of stay in lb ✓	d. STREET ADDRESS (If outside, give location) None.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Sharon Middle Kay Last Adkins			4. DATE OF DEATH Month June Day 21 Year 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 April 10, 1943	9. AGE (In years last birthday) 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schoolgirl.		10b. KIND OF BUSINESS OR INDUSTRY None.	11. BIRTHPLACE (City and state or country) Richland Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Ray Adkins.		13b. MOTHER'S MAIDEN NAME Jaunita Wilson.		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		16. SOCIAL SECURITY NO. None.		17. INFORMANT Mrs. Jaunita Adkins Address Waynesville, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull				INTERVAL BETWEEN ONSET AND DEATH 30 min.	
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)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) Car wreck.			
20c. TIME OF INJURY Hour 9:30 a.m. Month, Day, Year 6-21-59.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 66 E.		20f. CITY, TOWN, OR LOCATION Laclede		COUNTY County Mo.	STATE 053
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at 10:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE A B Palmer (Degree or title) 3			22b. ADDRESS Lebanon, Mo		22c. DATE SIGNED 6-22-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6/21/59	23c. NAME OF CEMETERY OR CREMATORY Hazelgreen Cemetery		23d. LOCATION (City, town, or county) (State) Richland, Missouri
24. PLACE OF FUNERAL SERVICE Hedges Funeral Home Way, Mo			25. DATE RECD. BY LOCAL REG. 6-22-1959		26. REGISTRAR'S SIGNATURE Hilda L. Gray

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only shorthand nomenclature to item 18. No symptoms need be stated. All diseases in Part I must be causally related.

JUN 29 1959

Date Filed JUN 29 1959

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 *Clarence Pross*

Licensed Embalmer No. *4896*

P. O. Address *Waynesville, 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.