

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028901

STATE FILE NUMBER

FILED VS AUG 17 1959 41

Primary Registration District No. 3025 Registrar's No. 100

DEED

1. PLACE OF DEATH a. COUNTY <u>Novell</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u> Length of stay in 1b <u>11 hrs</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Novell</u> c. CITY OR TOWN <u>Tomona</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <input checked="" type="checkbox"/> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First <u>Donald Eugene</u> Middle <u>Wadkins</u> Last <u>Wadkins</u>			4. DATE OF DEATH Month <u>7</u> Day <u>26</u> Year <u>1959</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-26-59</u>	9. AGE (last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>4</u> Hours <u>11</u> Min. <u></u>		
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and state or country) <u>West Plains Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>N. Dean Wadkins</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Wadkins</u>		14. NAME OF HUSBAND OR WIFE <u></u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT <u>Dean Wadkins, Tomona Mo</u> Address <u></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>Pulmonary atelectasis</u> DUE TO (b) <u>Prematurity</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>11 hours</u> <u>2 mo.</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>				

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.) <u></u>	20f. CITY, TOWN, OR LOCATION <u></u>	COUNTY <u></u> STATE <u></u>
21. I attended the deceased from <u>7/26/59</u> to <u>7/26/59</u> and last saw her <u>alive on</u> <u>7/26/59</u> Death occurred at <u>4:00</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>M. J. Fowler MD</u>		22b. ADDRESS <u>West Plains Mo</u>		22c. DATE SIGNED <u>8/10/59</u>	
23a. BURIAL, CREMATION, REPOUSEMENT (Specify) <u></u>		23b. DATE <u>7-28-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Wadley</u>	
23d. LOCATION (City, town, or county) <u>Tomona Mo</u>		23e. STATE <u>Mo</u>			
24. FUNERAL DIRECTOR <u>Keberton West Plains Mo</u>		25. DATE RECD. BY LOCAL REG. <u>8-14-59</u>		26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

A. J. Robertson

Licensed Embalmer No. 3437

P. O. Address West 70

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.