

JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24192

24192

BIRTH NO. _____		REG. DIST. NO. 237		PRIMARY REG. DIST. NO. 4353		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gideon</u>		c. LENGTH OF STAY (In this place) <u>23 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gideon</u>		77	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hopkins Clinic</u>				d. STREET ADDRESS (If rural, give location) <u>9</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>RALPH</u>		b. (Middle) <u>HENRY</u>		c. (Last) <u>ADKINS</u>	
4. DATE OF DEATH		(Month) <u>4</u>		(Day) <u>30</u>		(Year) <u>1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Sept. 16, 1925</u>	
9. AGE (In years last birthday) <u>23</u>		10. UNDER 1 YEAR Months <u>7</u> Days <u>14</u>		11. BIRTHPLACE (State or foreign country) <u>Gideon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <u>Edward A. Adkins</u>		13b. MOTHER'S MAIDEN NAME <u>Ernie P. Cashion</u>	
14. NAME OF HUSBAND OR WIFE <u>Single</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Edward A. Adkins</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Phenol poisoning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6970b</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>4-30-1949</u> , and that death occurred at <u>7:05 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Hopkins, M.D.</u>				(Degree or title)		23b. ADDRESS <u>Gideon, Mo.</u>	
23c. DATE SIGNED <u>5-3-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-4-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield</u>	
24d. LOCATION (City, town, or county) (State) <u>Clarkton Missouri</u>		DATE REC'D BY LOCAL REG. <u>7-21-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Bern Sharp</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton Russell</u>	
ADDRESS <u>1215</u>							

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUL 25 1949
District Health Office No. 2,
District File Number 249-747
Date Filed _____

JUL 26 1949

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
Student Embalmer

Signed _____

Licensed Embalmer No. _____

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 this body is not embalmed, fact should be so stated above.