

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25900

State File No. ....

FILED AUG 11 1949

BIRTH NO. _____		REG. DIST. NO. <u>36</u>		PRIMARY REG. DIST. NO. <u>6235</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH a. COUNTY <b>Warren</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural (Pinckney)</b>		c. LENGTH OF STAY (in this place) <b>life</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural (Pinckney township)</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>South of Warrenton</b>				d. STREET ADDRESS <b>South of Warrenton</b>			
3. NAME OF DECEASED (Type or Print), a. (First) <b>Mary</b>			b. (Middle) <b>Alice</b>		c. (Last) <b>Adkins</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 12, 1949</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>May 22, 1866</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>housework</b>		11. BIRTHPLACE (State or foreign country) <b>Warren County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Andrew Lepp</b>			13b. MOTHER'S MAIDEN NAME <b>Lydia Wilson</b>		14. NAME OF HUSBAND OR WIFE <b>Wm. Adkins (deceased)</b>		
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>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John McCann R.F.D. Warrenton, Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Don't know</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>					<b>Don't know</b>	
	DUE TO (c) <b>Senility</b>					<b>442X</b>	
19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>+</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>+</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>+</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>+</b>			
22. I hereby certify that I attended the deceased from <b>July 6, 1949</b> , to <b>July 12, 1949</b> , that I last saw the deceased alive on <b>July 6, 1949</b> , and that death occurred at <b>4 9. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Wm. H. Oyer M.D.</b>				23b. ADDRESS <b>Warrenton, Mo.</b>		23c. DATE SIGNED <b>7-13-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-15-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Central Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Warren County, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>7-13-49</b>		REGISTRAR'S SIGNATURE <b>Flloyd Logan</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>F.W. Nieburg &amp; Co., Warrenton, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number \_\_\_\_\_  
District Health Officer No. 9,  
RECEIVED  
AUG 9 1945

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 John Lieburg

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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 this body is not embalmed, fact should be so stated above.