

FILED MAR 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH3872  
State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>34</u>		PRIMARY REG. DIST. NO. <u>5117</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ashland - Rural</u>		c. LENGTH OF STAY (In this place) <u>104</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 63 - Cedar Township</u>				d. STREET ADDRESS (If rural, give location) <u>402 Worley St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ROY</u>		b. (Middle) <u>KENNETH</u>		c. (Last) <u>ADKINS</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>Oct. 22, 1933</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		9b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Columbia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Roy Adkins</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Lee Brown</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roy Adkins, 402 Worley St., Columbia, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive hemorrhage</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rupture of spleen, liver, kidneys, and right lung</u> DUE TO (c) <u>Fractured ribs, dislocation of spine, but govt. not related to the disease or condition causing death. Rupture of spleen, liver, kidneys, and right lung</u> 2. OTHER SIGNIFICANT CONDITIONS <u>Fractured ribs, dislocation of spine, but govt. not related to the disease or condition causing death. Rupture of spleen, liver, kidneys, and right lung</u>				INTERVAL BETWEEN ONSET AND DEATH <u>26</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SURROUNDINGS (Specify) <u>SUBMERGENCE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Highway 63, S. of Columbia, Cedar Turn.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Columbia, Boone, Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>0700</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>inquest 0700</u>			
22. I hereby certify that I attended the deceased from <u>10:00 a.m.</u> , 19 <u>50</u> , to <u>1:00 p.m.</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Mar. 5, 1950</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harry M. Griffith M.D. Coroner</u>				23b. ADDRESS <u>Columbia, Mo</u>		23c. DATE SIGNED <u>3-4-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 5, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-4-1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Mildred Burnett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barber Funeral Service</u>		ADDRESS <u>Columbia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
MAR 8 1950  
District Health Officer No. 9,  
District File Number

### 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 Chas. L. Haring

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.