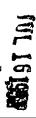
THE DIVISION OF HEALTH OF MISSOURI					
<b>FLED</b> JAN 22 1951	STANDARD CERTIF	ICATE OF DEATH	State File No	187	
BIRTH NO.	REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1			
a. COUNTY Buchanan		2. USUAL RESIDENCE (1 a. STATE Missouri		titution: residence before admission).	
b. CITY (If outside corporate limits, write RT OR TOWN St. Joseph	JRAL and give township)  C. LENGTH OF STAY (in this place)  OR TOWN  St. Joseph				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 111 South 20th		d. STREET (If rural, give location) ADDRESS 111 South 20th			
3. NAME OF 8. (First)	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)	
DECEASED (Type or Print) Firman	Miner	Adkins	DEATH Jan.	12 1951	
5. SEX   6. COLOR OR RACE   male 0   white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 3, 1880	9. AGE (In years of those last birthday) Months		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  FOLIPED Farmer	10b. KIND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE. (State or foreign country)  Missouri ()  12. CITIZEN OF WHAT COUNTRY?  USA			
3a. FATHER'S NAME	13b. MOTHER'S MAIDEN	NAME 14. NAM	E OF HUSBAND OR WIF		
William Adkins	Mary Ann M	iner Lu	cy Ann Adkins		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS NO. Mrs. Licy A. Adkins 111 S. 20th,					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)  II. DISEASE OR CONDITION ONSET AND COND			INTERVAL BETWEEN ONSET AND GEATH		
*This does not mean the mode of dying, such Morbid conditions, if any, giring DUE TO (b) Orterio Pelerssis				?	
as heart failure, asthenia, rise to the above cause (a) stating etc. It means the dis-					
ease, injury, or complication which caused death.  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.					
TION	INGS OF OPERATION		,	20. AUTOPSY1	
21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE (COUNTY) (STATE)					
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF. WHILE AT NOT WHILE AT WORK AT WORK					
2. I hereby certify that I attended the deceased from $29$ , 1950, to $1-12$ , $1951$ , that I last saw the deceased alive on $1-1>$ , $1951$ , and that death occurred at $1-1>$ 0. From the causes and on the date stated above.					
23a. SIGNAPURE (Degree or title) 23b. ADDRESS   23c. DATE SIGNED					
24s. BURIAL CREMA- 24b. DATE TION, REMOCAL Copedia Durial / Jan. 15	24c. NAME OF CEMETERY		TION (City, town, or com vannah	ty) (State) Missouri	
DATE REC'D BY LOCAL   REGISTRAR'S SIG	<del></del>	25. FUNERAL DIRECTOR'S 8	GNATURE AL	DRESS	
(Licensed Embalmer's Statement on Reverse Side)					



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded or	on the reverse side of this certificate was embalmed by me, or by
vorking under my personal supervision.	Signed Green Wood
SignedStudent Embaimer	Licensed Embalmer No. 3804  P. O. Address 3/9 C /oll H App

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.