

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7325**

No. 300  
10.48

FILED MAR 15 1951

BIRTH NO. **12151-57** REG. DIST. NO. **367** PRIMARY REG. DIST. NO. **4531** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY <b>WARREN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Warren</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WARRENTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>1070</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mac Rae Osteopathic Hospital</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Infant - no - name -</b> b. (Middle) <b>ADKINS</b> c. (Last) <b>ADKINS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 24 1951</b>					
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>( )</b>	8. DATE OF BIRTH <b>FEB. 24, 1951</b>	9. AGE (In years last birthday) <b>7</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 11 HRS. Days <b>0</b>	IF UNDER 11 MIN. Hours <b>0</b>	Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Mo. O</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>JERRY ADKINS</b>	13b. MOTHER'S MAIDEN NAME <b>VIVIAN RATTLES</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>JERRY ADKINS, Moscow Mills, Mo.</b>	ADDRESS <b>Moscow Mills, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PRE-maturity</b>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **FEB 24, 1951**, to **FEB 24, 1951**, that I last saw the deceased alive on **FEB 24, 1951**, and that death occurred at **11:35** m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. E. Bergesen, D.O.</b> (Degree or title)	23b. ADDRESS <b>WENTZVILLE, Mo.</b>	23c. DATE SIGNED <b>2-24-51</b>
--	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-25-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Farm Lincoln Co</b>	24d. LOCATION (City, town, or county) (State) <b>4 mi West Troy, Mo.</b>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <b>2-24-51</b>	REGISTRAR'S SIGNATURE <b>Floyd Logan</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Jerry Adkins</b>	ADDRESS <b>Moscow Mills</b>
---	--	--	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

10990

RECEIVED

MAR 12 1951

DISTRICT HEALTH OFFICE No. 4

File No.

**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.