No. 300
10.48

590
1

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17228

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 4302 Registrar's No. 70

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chula
c. LENGTH OF STAY (in this place) 32 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chula. 0590
d. STREET ADDRESS (If rural, give location) ✓ 0

3. NAME OF DECEASED (Type or Print)
a. (First) Ross
b. (Middle) Denton
c. (Last) Adkins

4. DATE OF DEATH (Month) May (Day) 31 (Year) 1951

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH July 27 1889
9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Months 10 Days 4 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Station Agent.
10b. KIND OF BUSINESS OR INDUSTRY Milwaukee Railroad
11. BIRTHPLACE (State or foreign country) Carroll County Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James F. Adkins
13b. MOTHER'S MAIDEN NAME Sarah Alice Rogers
14. NAME OF HUSBAND OR WIFE Josie Adkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. 707-12-7412
17. INFORMANT'S SIGNATURE OR NAME Mrs Josie Adkins ADDRESS Chula Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 8 hours

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. 4201

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* June, 1947, *to* 31 May, 1951, *that I last saw the deceased alive on* 31 May, 1951, *and that death occurred at* 1:05 Am., *from the causes and on the date stated above.*

23a. SIGNATURE Charles M. Grace 0 (Degree or title) M.D.
23b. ADDRESS Chillicothe Mo.
23c. DATE SIGNED 1 June 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 11
24b. DATE 6/3/1951
24c. NAME OF CEMETERY OR CREMATORY Plainview Cemetery
24d. LOCATION (City, town, or county) Chula (State) Mo

DATE REC'D BY LOCAL REG. June-1-51
REGISTRAR'S SIGNATURE Frances B. Hall 1
25. FUNERAL DIRECTOR'S SIGNATURE E.J. Robertson Funeral Home ADDRESS Chula Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
L.L.
DISTRICT
HEALTH OFFICE
CAMDEN, MO.
JUL 17 1961

JUN 15 1961

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 .....

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed J. M. Robertson

Signed .....
Student Embalmer

Licensed Embalmer No. 4388

P. O. Address Laredo 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.