

FILED OCT 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29571

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5127</u>		Registrar's No. <u>1006</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Jackson</u>		c. LENGTH OF STAY (in this place) <u>41 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Jackson</u>		0110	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural, Dearborn</u>				d. STREET ADDRESS (If rural, give location) <u>Rural, Dearborn</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Lee</u> c. (Last) <u>Adkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9/30/51</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>6/22/1861</u>	
9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Buchanan County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Proffit</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Carter</u>		14. NAME OF HUSBAND OR WIFE <u>Not given</u>		
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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Adkins</u> Dearborn, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Endocarditis</u>		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Bronchial Pneumonia</u>					
		DUE TO (c) <u>Hypostatic Congestion</u>					
		<u>Age &amp; fractured hip</u>					
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 <u>491X F</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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 <u>Sept 24, 1951</u> , to <u>Sept 30, 1951</u> , that I last saw the deceased alive on <u>Sept 29, 1951</u> , and that death occurred at <u>5 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M.H. Moore M.D.</u>				23b. ADDRESS <u>Dearborn Mo</u>		23c. DATE SIGNED <u>Oct 1-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/2/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Frame Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dearborn, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct 1, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Camp</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hollins - Nash, Edgerton, Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

*personally*  
working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed *Vivian R. Nash*

Licensed Embalmer No. *3947*

P. O. Address *Edgerton, 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.