

FILED DEC 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40793

State File No.

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5127</u>		Registrar's No. <u>1283</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan 0110</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>1 25 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- JACKSON 0110</u>			
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>EMMA</u>		b. (Middle) <u>FLORENCE</u>		c. (Last) <u>ADKINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-16-1951</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>1-10-1864</u>	
9. AGE (In years last birthday) <u>87</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 10 HRS. Hours Min.			
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>Knox Co. Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>SIMON REEDY</u>		13b. MOTHER'S MAIDEN NAME <u>HANNAH STEFFEY</u>		14. NAME OF HUSBAND OR WIFE <u>Andrew JACKSON ADKINS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oliver Adkins, Dearborn, 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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Nov 1</u> , 1951, to <u>Dec 16</u> , 1951, that I last saw the deceased alive on <u>12-16</u> , 1951, and that death occurred at <u>3:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>C. S. Buchanan, M.D.</u>		(Degree or title)		23b. ADDRESS <u>Dearborn, Mo.</u>		23c. DATE SIGNED <u>12-17-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-18-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. PLEASANT CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>DEARBORN, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 17, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Oakes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ROLLINS - 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 *Tirau 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.