

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29167

State File No. _____

FILED AUG 18 1952

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u>		Registrar's No. <u>249</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> <u>0940</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Farmington</u> OR <u>Rural</u> <u>St. Francois</u> TOWN <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2236</u> c. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Louis</u> TOWN <u>St. Louis</u>			
3. NAME OF DECEASED a. (First) <u>LEXIE</u> (Type or Print) b. (Middle) <u>LEROY</u> c. (Last) <u>ADKINS</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>July 29, 1952</u>			
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 23, 1908</u>	
9. AGE (In years last birthday) <u>43</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucking Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Dyersburg, Tennessee</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Dyersburg, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Thomas Adkins</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Enochs</u>	
14. NAME OF HUSBAND OR WIFE <u>Sylvia Walker</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>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records, State Hospital No. 4, Farmington, 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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis, bilateral</u> <u>Abt.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS <u>Dementia Praecox Psychosis - - - -</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Abt. 12 yrs.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>002x</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) (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 <u>April 25, 1952</u> to <u>July 29, 1952</u> , that I last saw the deceased alive on <u>July 29, 1952</u> , and that death occurred at <u>9:35A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>7-30-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 31, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo.</u>	
DATE RECD BY LOCAL REG. <u>July 30, 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>LaForge Undertakers, Caruthersville, Mo.</u>			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. *4084*

P. O. Address *Farmington N.H.*

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.