

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30873

State File No. \_\_\_\_\_

FILED SEP 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6271 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington T. S.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington T. S.</u>	
c. LENGTH OF STAY (in this place) <u>16 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Conway Rt. 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Conway Rt. 2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>Adkins</u> c. (Last) <u>Adkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 3 1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 24 1895</u>	9. AGE (in years) <u>58</u>	IF UNDER 1 YEAR Months <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Laclede Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Wm. Adkins</u>		13b. MOTHER'S MAIDEN NAME <u>Irene Vernon</u>	
14. NAME OF HUSBAND OR WIFE <u>Blanche Adkins</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>497-22-7998</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Harry Adkins</u>		18. ADDRESS <u>Conway Rt. 2</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Dilatation of left ventricle of heart</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <u>4500</u>	
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 <u>Use</u>	

22. I hereby certify that I attended the deceased from 9-21, 1953, to 9-3, 1953, that I last saw the deceased alive on 9-3, 1953 and that death occurred at 1:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Sunday M.D.</u>		23b. ADDRESS <u>Conway</u>		23c. DATE SIGNED <u>9-5-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/5/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Graham</u>	
24d. LOCATION (City, town, or county) (State) <u>Webster Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John's</u>		ADDRESS <u>Abanon Mo</u>	

DATE REC'D BY LOCAL REG. <u>9-11-53</u>		REGISTRAR'S SIGNATURE <u>J. Francis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John's</u>		ADDRESS <u>Abanon Mo</u>	
--	--	--	--	---	--	-----------------------------	--

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

No. 300  
10-48  
120  
1

**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 J. R. Palmer

Licensed Embalmer No. 2298

P. O. Address Channah, Md

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.