

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42005

State File No.

FILED DEC 22 1953

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| BIRTH NO. | | REG. DIST. NO. <u>10</u> | | PRIMARY REG. DIST. NO. <u>3002</u> | | Registrar's No. <u>208</u> | |
| 1. PLACE OF DEATH a. COUNTY Audrain | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico | | c. LENGTH OF STAY (in this place) 3 DAYS | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Auxvasse | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 921 S. Muldrow | | | | d. STREET ADDRESS (If rural, give location) RFD 2 | | | |
| 3. NAME OF DECEASED (Type or Print) John | | a. (First) Richard | | c. (Last) Adkins | | 4. DATE OF DEATH (Month) (Day) (Year) Dec 14-1953 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | | 8. DATE OF BIRTH May 13-1873 | |
| 9. AGE (In years last birthday) 80 | | 10. UNDER 1 YEAR Months Days | | 11. UNDER 1 HR. Hours Min. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Crops | | 11. BIRTHPLACE (State or foreign country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME George H. Adkins | | 13b. MOTHER'S MAIDEN NAME Angeline Wilson | | 14. NAME OF HUSBAND OR WIFE Aliza M. Adkins | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Joe Coon St. Paul, Minn. | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coroner's Case without Jury. The deceased was found dead in bed at Bobby Greeno's home, in Mexico, Missouri. Died without Medical Attention. No indications of violence or foul play. History shows that the deceased had been operated upon for cancer at the cancer Hospital in Columbia, Mo. Also he was a diabetic. Probably cause of death was diabetes and senility. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) none | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none | |
| 21e. INJURY OCCURRED WHILE AT WORK WHILE NOT AT WORK none | | 21f. HOW DID INJURY OCCUR? None | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Coroner's Investigation</u> , 19 <u>53</u> , that I last saw the deceased <u>Died Dec 14</u> , 1953, and that death occurred at <u>7 A.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <i>S. C. Adams, M.D., Coroner</i> | | 23b. ADDRESS Mexico Missouri | | 23c. DATE SIGNED 12-14-53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 12/16/53 | | 24c. NAME OF CEMETERY OR CREMATORY Old Auxvasse | | 24d. LOCATION (City, town, or county) (State) Callaway County, Missouri | |
| DATE REC'D BY LOCAL REG. Dec 15-1953 | | REGISTRAR'S SIGNATURE <i>Blanche Keely</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Chas. C. Curren, L. M. Curren</i> | | | |

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Richard Y. McDonald

Licensed Embalmer No. *4825*

P. O. Address *Meriden, 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.