

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 528

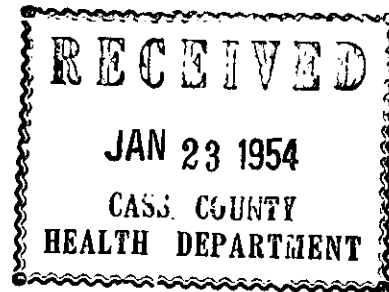
528

FILED JAN 25 1954

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>6227</u>		Registrar's No. <u>65</u>	
1. PLACE OF DEATH a. COUNTY <u>CASS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CASS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL PECULIAR Twp.</u>		c. LENGTH OF STAY (In this place) <u>18 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL PECULIAR TOWNSHIP</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 MILE NORTH OF HARRISONVILLE</u>				d. STREET ADDRESS (If rural, give location) <u>1/2 MILE NORTH OF HARRISONVILLE MO</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ALLEN</u>		b. (Middle) <u>D.</u>		c. (Last) <u>ADKINS</u>	
4. DATE OF DEATH		(Month) <u>JAN.</u>		(Day) <u>16</u>		(Year) <u>1954</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>OCT. 14 1878</u>		9. AGE (In years last birthday) <u>75</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>NEAR HARRISONVILLE, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>RILEY ADKINS</u>		13b. MOTHER'S MAIDEN NAME <u>MOLLY HAMMONTREE</u>		14. NAME OF HUSBAND OR WIFE <u>MARY E. 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 ADDRESS <u>ELMER ADKINS HARRISONVILLE, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion Sudden</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis</u>  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 _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4201</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>March, 1952</u> , to <u>1-16-1954</u> , that I last saw the deceased alive on <u>1-16-1954</u> , and that death occurred at <u>7 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edmund S. Jones MD</u>		23b. ADDRESS <u>Harrisonville MO</u>		23c. DATE SIGNED <u>1-18-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 21-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DAXLAND CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HARRISONVILLE MO.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 18, 1954</u>		REGISTRAR'S SIGNATURE <u>Doris Barriard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Atkinson Bros. Harrisonville, 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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert W. Atkinson

Licensed Embalmer No. 4902

P. O. Address Harrisonville, 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.