

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2292**

FILED JAN 19 1954

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 0630 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home		d. STREET ADDRESS (If rural, give location) Vienna, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Benjamin	b. (Middle) M.	c. (Last) Adkins	4. DATE OF DEATH (Month) (Day) (Year) Jan. 11, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 21, 1894	9. AGE (In years) (Months) (Days) (Hours) (Mins.) 79 3 20
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Maries County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Andrew J. Adkins	13b. MOTHER'S MAIDEN NAME Sarah Shaw	14. NAME OF HUSBAND OR WIFE Cordelia Adkins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs Joe Shockley, Vienna, Mo.	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis and arteriosclerotic heart disease		1 yr.
	ANTECEDENT CAUSES Morbid 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. Manic depressive psychosis			2 wks.

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4200
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **Jan 2, 1954**, to **Jan 11, 1954**, that I last saw the deceased alive on **Jan 10, 1954**, and that death occurred at **7:50P** m., from the causes and on the date stated above.

23a. SIGNATURE F. L. Neal, M.D.	23b. ADDRESS Belle, Mo.	23c. DATE SIGNED 1-13-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/13/54	24c. NAME OF CEMETERY OR CREMATORY Union Hill Cemetery	24d. LOCATION (City, town, or county) (State) Maries County, Mo.
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DATE REC'D BY LOCAL REG. Jan. 13, 1954	REGISTRAR'S SIGNATURE Nadine L. Steele	25. JUDICIAL DEPARTMENT'S SIGNATURE McP	ADDRESS Vienna, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Prepys County
County File Number _____
Date Filed 1-18-53

MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF ANATOMY

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____
Signed W. B. Cunningham

Licensed Embalmer No. 3664

P. O. Address Genoa, 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.