No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9:30 PM

State File No. 7603

BIRTH NO. FILED APR 12 1954 REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 3000 Registrar's No. 80

1. PLACE OF DEATH
a. COUNTY Adair — Kirksville Mo Home of Ivan Owens
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirksville Mo
c. LENGTH OF STAY (In this place) 00 13 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1201 N Franklin

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Mo
b. COUNTY Adair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirksville Mo
d. STREET ADDRESS (If rural, give location) 1201 N Franklin

3. NAME OF DECEASED (Type or Print)
a. (First) Lucinda
b. (Middle) Alice
c. (Last) Adkins

4. DATE OF DEATH (Month) Apr (Day) 5 (Year) 1954

5. SEX Female 1
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2
8. DATE OF BIRTH Aug 23 1861
9. AGE (In years last birthday) 92 — If under 1 year: Months 7 Days 12 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Bunch
13b. MOTHER'S MAIDEN NAME Nancy Smith
14. NAME OF HUSBAND OR WIFE Alexander Adkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Louisa Burns — **ADDRESS** Kirksville Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — 5

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4200
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* April 5, 1954, *to* April 5, 1954, *that I last saw the deceased alive on* April 5, 1954, *and that death occurred at* 9:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Milton T. Engleman (Degree or title) M.D.
23b. ADDRESS Centerville Mo
23c. DATE SIGNED April 6, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried
24b. DATE Apr 8 1954
24c. NAME OF CEMETERY OR CREMATORY Thompson Cemetery
24d. LOCATION (City, town, or county) Near Hartford (State) Mo

DATE REC'D BY LOCAL REG. 4-6-54
REGISTRAR'S SIGNATURE Kate Lambert 1-0
25. FUNERAL DIRECTOR'S SIGNATURE Bruce Vernon Lancaster **ADDRESS** Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Guth

Licensed Embalmer No. 4258

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.