

FILED NOV 8 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. **33726**

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY Howell			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains, Mo.			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Willow Springs, Mo.		
c. LENGTH OF STAY (In this place) 5 hrs.			d. STREET ADDRESS (If rural, give location) 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION Christa Hogan Hospital					

3. NAME OF DECEASED (Type or Print) a. (First) VERMILLA b. (Middle) COLYOTT c. (Last) BOOR			4. DATE OF DEATH (Month) (Day) (Year) Oct. 26, 1954		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 19, 1894	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 10 Days 7	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Shannon County Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Owen Adkins	13b. MOTHER'S MAIDEN NAME dMary Pruitt	14. NAME OF HUSBAND OR WIFE B/ F. Boor
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME B/ F. Boor ADDRESS Willow Springs, Mo.
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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, asthenia, 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) Internal Hemorrhage		1 wk
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Carcinoma of Pancreas DUE TO (b) DUE TO (c)		1 year
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 157X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from 10-26-1954, to 10-26-1954, that I last saw the deceased alive on 10-26-1954, and that death occurred at 10:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.	23b. ADDRESS West Plains, Mo.	23c. DATE SIGNED 10/27/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/29/54	24c. NAME OF CEMETERY OR CREMATORY Pine Grove	24d. LOCATION (City, town, or county) (State) Howell County, Missouri
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DATE REC'D BY LOCAL REG. 11-4-54	REGISTRAR'S SIGNATURE Beatrice Cook 378	25. FUNERAL DIRECTOR'S SIGNATURE Burns ADDRESS Willow Springs, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0461

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

Fred W. Barnes
Signed Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Willow Springs, 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.