

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10900

State File No.

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) Mexico	c. LENGTH OF STAY (in this place) 22 yrs	c. CITY OR TOWN Mexico	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 508 South Abat St.		STREET ADDRESS (If rural, give location) 508 South Abat St.	
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) _____	c. (Last) Adkins
4. DATE OF DEATH (Month) (Day) (Year) May 12 1955		5. SEX Male 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 28, 1892	
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	
11. BIRTHPLACE (City and State or Foreign Country) Callaway County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Adkins		13b. MOTHER'S MAIDEN NAME Susan Rickman	
14. NAME OF HUSBAND OR WIFE Mrs. Myrtle Adkins		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	
16. SOCIAL SECURITY 491-05-6792		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Myrtle Adkins Mexico, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cor Pulmonale DUE TO (c) Emphysema of both lungs II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Silicosis of both lungs	
INTERVAL BETWEEN ONSET AND DEATH 1 year 3 years 4 years 5 years +		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none	
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) 5230		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none	
22. I hereby certify that I attended the deceased from 8/21, 1950 , to 5/5, 1955 , that I last saw the deceased alive on 5/5, 1955 , and that death occurred at 5:45 m., from the causes and on the date stated above.			
23a. SIGNATURE Thomas E. Sawyer, M.D.		23b. ADDRESS Mexico, Mo.	
23c. DATE SIGNED 5/12/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 5-13-1955		24c. NAME OF CEMETERY OR CREMATORY East Lawn Memorial Park	
24d. LOCATION (City, town, or county) (State) Mexico, Missouri		DATE REC'D BY LOCAL REG May 12-1955	
REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arnold Funeral Home Mexico, Mo.	

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.....
Signature of Student Embalmer

Signed *Rep Miller*.....

Licensed Embalmer No. *44*.....

P. O. Address *Meriden*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.