

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30250

State File No. \_\_\_\_\_  
Registrar's No. 56-62

FILED OCT 15 1956

BIRTH NO. _____		REG. DIST. NO. <u>93</u>		PRIMARY REG. DIST. NO. <u>4153</u>		Registrar's No. <u>56-62</u>	
1. PLACE OF DEATH a. COUNTY <u>Dade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rockwood</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY OR TOWN <u>Miller</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>				f. STREET ADDRESS (If rural, give location) <u>B.F.D. 0550</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marvin</u> b. (Middle) <u>Stanley</u> c. (Last) <u>Adkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-29-1956</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-4-1902</u>		9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>25</u>	IF UNDER 4 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Station</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>owner</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Elmo Mo.</u>		12. CITIZENRY OF WHAT COUNTRY? <u>Native</u>	
13a. FATHER'S NAME <u>James J. Adkins</u>		13b. MOTHER'S MAIDEN NAME <u>Margarette Adams</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Alice Adkins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Adkin Miller Mo.</u>		ADDRESS _____	
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) <u>Coronary Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Atherosclerosis</u> 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 <u>48 hrs</u>  <u>5 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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>6-1</u> , 19 <u>55</u> , to <u>9-29</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>9-28</u> , 19 <u>56</u> , and that death occurred at <u>4 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Lee G. McNeil MD</u> (Degree or title)				23b. ADDRESS <u>Greenfield Mo</u>		23c. DATE SIGNED <u>9-29-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>10-1-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lamar</u>		24d. LOCATION (City, town, or county) (State) <u>Elmo Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-29-56</u>		REGISTRAR'S SIGNATURE <u>J. C. Canada</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E.R. Keimor Miller Mo.</u>			

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

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OCT 23 1958

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.....  
*L. R. Simons*

Licensed Embalmer No. 3297

P. O. Address Miller M

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.