

FILED DEC 24 1956 STANDARD CERTIFICATE OF DEATH

State File No. 40695

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 5126		Registrar's No. 1350			
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Faucett		c. LENGTH OF STAY (In this place) 3 WKS.		c. CITY OR TOWN Dearborn		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) (Crawford Twp)				e. STREET ADDRESS (If rural, give location) Rural Jackson Township					
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Loven c. (Last) Adkins				4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1956					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married		8. DATE OF BIRTH May 1, 1890			
9. AGE (In years last birthday) 66		10. MONTHS Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Buchanan County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner		13a. FATHER'S NAME George Adkins		13b. MOTHER'S MAIDEN NAME Mary Proffit			
13c. NAME OF HUSBAND OR WIFE None		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) not given		15. SOCIAL SECURITY NO. not given		16. INFORMANT'S SIGNATURE OR NAME Mrs. Bertha Riddle			
17. ADDRESS Faucett, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral aneurysm both lungs</i> INTERVAL BETWEEN ONSET AND DEATH 8 mo. *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 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.		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)		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?		22. I hereby certify that I attended the deceased from <i>Jan 18 1956</i> to <i>12.19.56</i> 1956, that I last saw the deceased alive on <i>12.18</i> , 1956, and that death occurred at <i>12:15AM</i> m., from the causes and on the date stated above.		23a. SIGNATURE <i>J. H. Ryan M.D.</i> (Degree or title)			
23b. ADDRESS <i>Edgerton Mo</i>		23c. DATE SIGNED <i>12.19.56</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12/21/1956			
24c. NAME OF CEMETERY OR CREMATORY Old Frame Cemetery		24d. LOCATION (City, town, or county) Dearborn, Missouri		24e. (State)		24f. DATE REC'D BY LOCAL REG. <i>Dec. 21, 1956</i>			
24g. REGISTRAR'S SIGNATURE <i>Bethel M. Allison</i>		24h. FUNERAL DIRECTOR'S SIGNATURE <i>Follins - Nash</i>		24i. ADDRESS Edgerton, Mo.		24j. (State)			

(Licensed Embalmer's Statement on Reverse Side)

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.....

J. L. Key Mooney

Licensed Embalmer No. 477

P. O. Address.....
K. O. 94

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.