

ED VS MAR 22 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

160-014007

Registration District No. 372 Primary Registration District No. 4552 Registrar's No. 14887

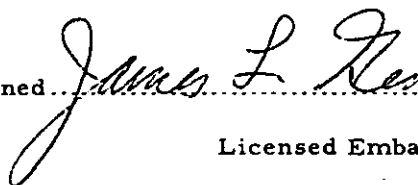
1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE No. b. COUNTY Wright			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Grove		Inside Limits Yes ☒ No ☐		c. CITY OR TOWN Mt. Grove 11412		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mt. Grove Rest Home		Length of stay in lb 862 wks.		d. STREET ADDRESS Maplea Street		Reside on Farm Yes ☐ No ☒	
NAME OF DECEASED (Type or print) First Arthur Middle William Last Adkins				4. DATE OF DEATH Month 2- Day 24- Year 60			
EX male		6. COLOR OR RACE white		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH 1-2-1884	
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months Days Hours Min.		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Butler County, Kan.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Louis P. Adkins		14. MOTHER'S MAIDEN NAME Amanda Jane Burns		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. A. W. Adkins, Mt. Grove, Mo.		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory Failure</u>				INTERVAL BETWEEN ONSET AND DEATH 12 hrs			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Decompensated acute Cor Pulmonale</u>		24 hrs			
		DUE TO (c) <u>Lobar Pneumonia, Bi-Lateral</u>		48 hrs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Bilateral Pleural Effusion</u>				19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		490 X	
20a. ACCIDENT ☐		SUICIDE ☐		HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 2-20-60 to 2-24-60 and last saw him alive on 2-24-60 Death occurred at 9:30 Bm on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Richard H. Mitchell D.O.		(Degree or title)		22b. ADDRESS Mountain Grove, Mo		22c. DATE SIGNED 3-9-60	
BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 2-24-60		23c. NAME OF CEMETERY OR CREMATORY Cabool Cemetery		23d. LOCATION (City, town, or county) (State) Cabool, Missouri	
FUNERAL DIRECTOR Elliott-Gentry,		ADDRESS Cabool, Mo.		25. DATE RECD. BY LOCAL REG. 3-23-60		26. REGISTRAR'S SIGNATURE Huntardwick	

(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 cer
by me, or by Student Emba
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Emba

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND
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.