

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007559

AMENDED

Registration District No. 38 Primary Registration District No. 4051 Registrar's No. 205

STATE FILE NUMBER

FILED APR 3 1961

## 1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Hallsville

Length of stay in 1b

2 wks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Hartley Nursing Home

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Cole

Inside Limits

Yes ☒ No ☐c. CITY  
OR TOWN

Jefferson City

d. STREET  
ADDRESS

(If outside, give location)

403 Ridgeway Drive

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Thomas

Middle

Henry

Last

Adkins

4. DATE  
OF DEATH

Month

March

Day

23

Year

1961

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

6/15/1877

## 9. AGE (last birthday)

83

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

## 10b. KIND OF BUSINESS OR INDUSTRY

Retired

## 11. BIRTHPLACE (City and state or country)

Boone County, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Silas Adkins

## 13b. MOTHER'S MAIDEN NAME

Mary Brown

## 14. NAME OF HUSBAND OR WIFE

Amanda Adkins

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

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## 17. INFORMANT

Address

Roy Adkins Jefferson City, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH CAUSED BY:

## IMMEDIATE CAUSE (a)

Cardiac Decompensation

INTERVAL BETWEEN  
ONSET AND DEATH3-64-6  
3-23-61Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Senile Debility

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a).cerebral vascular accident affecting a Paralysis  
of the Left side (arm and leg) and throatPART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?YES ☐ NO ☒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 3-6-61 to 3-22-61 and last saw her alive on 3-22-61

Death occurred at 3-23-61 12:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Walter Sparks D.O.

## 22b. ADDRESS

Columbia Mo

## 22c. DATE SIGNED

3-25-61

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

3/26/1961

## 23c. NAME OF CEMETERY OR CREMATORY

Columbia, Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

Lyman Sprinkle Columbia, Mo.

## 25. DATE RECD. BY LOCAL REG.

Mar 26, 1961

## 26. REGISTRAR'S SIGNATURE

Mrs R.E. Palmer

(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 certificate was embalmed by me  
~~or by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lyman Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, Md.

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.