MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 898

STATE FILE NUMBER -61-028394

AMENDED

FILED SEP 11 1961

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph
Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: D.D.A. Mo. Methodist Hosp
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Saxton Road
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First SIMON Middle DAVID Last ADKINS

4. DATE OF DEATH: Month September Day 3 Year 1961

5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/25/1894
9. AGE (last birthday): 66
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (City and state or country): Dearborn, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Jack Adkins
13b. MOTHER'S MAIDEN NAME: Emma Reddy
14. NAME OF HUSBAND OR WIFE: Emma

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.: 491-22-6518
17. INFORMANT Address: Mrs. Emma Adkins, Raxton Rd., St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hypertensive Heart Disease & Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 yr 3 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension Arterial — 1 yr 3 mo
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. 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 6-29-60, to 9-3-61 and last saw her/him alive on 8-21-61
Death occurred at 2:30 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. C. Senne M.D.
22b. ADDRESS: 223 N 7th St. Joseph Mo
22c. DATE SIGNED: 9-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 9/6/1961
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph Missouri

24. FUNERAL DIRECTOR ADDRESS: Heston-Bowman St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Sept 8, 1961
26. REGISTRAR'S SIGNATURE: Mrs. Clark Kendall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

H.C. Senne, M.D.

BY AFFIDAVIT OF

DOCUMENT INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	DATE AMENDED

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 William Spalding

Licensed Embalmer No. 4530

P. O. Address St Joseph Mo

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.