

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

FILED AUG 28 1961

Primary Registration District No. 200

Registrar's No. 774A

-61-028870

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY GREENE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b		c. CITY OR TOWN SPRINGFIELD		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hospital			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) RFD#12		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First JAMES Middle H. Last ADKINS				4. DATE OF DEATH Month August Day 15 Year 1961			
5. SEX Male		6. COLOR OR RACE White		7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒		8. DATE OF BIRTH 29 Jan. 1894	
9. AGE (last birthday) 67		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Fireman		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME William Adkins		13b. MOTHER'S MAIDEN NAME Mary Heady		14. NAME OF HUSBAND OR WIFE Raymond Adkins (Son) Springfield, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ?		17. INFORMANT Raymond Adkins (Son) Springfield, 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) Acute Leucemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pneumonia 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 7/20/61 Month, Day, Year a.m. p.m.		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 7/20/61 to 8/15/61 and last saw him alive on 8/15/61 Death occurred at 9:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Leo M. New Jr. M.D.				22b. ADDRESS 1211 S. Glenstone SPRINGFIELD MO.		22c. DATE SIGNED 8-18-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8-18-61		23c. NAME OF CEMETERY OR CREMATORY CLEAR CREEK		23d. LOCATION (City, town, or county) (State) GREENE MO	
24. FUNERAL DIRECTOR KLINGNER MORTUARY, INC. SPRINGFIELD MO.				25. DATE RECD. BY LOCAL REG. 8-21-61		26. REGISTRAR'S SIGNATURE Effie S. Mattern	

jhc

(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 Glen D Williams

Licensed Embalmer No. 4651

P. O. Address **SPRINGFIELD**

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.