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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15721

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 205

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctors Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Gillis Bluff Twp. 0120
d. STREET ADDRESS (If rural, give location): Rte 2

3. NAME OF DECEASED (Type or Print)
a. (First): CURTIS
b. (Middle): LEE
c. (Last): ADKINS

4. DATE OF DEATH (Month) (Day) (Year): MAY 7 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 5, 1923
9. AGE (In years last birthday): 27 — If under 1 year: Months 10, Days 2 — If under 1 day: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming-Cotton Gin
10b. KIND OF BUSINESS OR INDUSTRY: Work
11. BIRTHPLACE (State or foreign country): Qulin, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Isaac Adkins
13b. MOTHER'S MAIDEN NAME: Nellie Lloyd
14. NAME OF HUSBAND OR WIFE: Cleo Adkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 251-22-3214
17. INFORMANT'S SIGNATURE OR NAME: Cleo Adkins
ADDRESS: Qulin, Missouri

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

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Internal hemorrhage &

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gun shot wound left chest
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Butler (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 7-1951 7:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Discharge of Shotgun while cleaning it

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 7:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lora W. Price Coroner
23b. ADDRESS: Poplar Bluff Mo
23c. DATE SIGNED: 5/12-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 10, 1951
24c. NAME OF CEMETERY OR CREMATORY: Qulin Cemetery
24d. LOCATION (City, town, or county) (State): Qulin, Missouri

DATE REC'D BY LOCAL REG.: May 28 1951
REGISTRAR'S SIGNATURE: Wm H. Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Landess Funeral Home Campbell, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUN 5 1951
BUTLER CO. HEALTH CENTER
FILE No. 651-253

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Christina M. Landess

Signed.....
Student Embalmer

Licensed Embalmer No. 4-227

P. O. Address Campbell, 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 this body is not embalmed, fact should be so stated above.