

FILED JUL 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

165

BIRTH NO.		REG. DIST. NO. 251	PRIMARY REG. DIST. NO. 4371	Registrar's No. 165
1. PLACE OF DEATH a. COUNTY Nodaway 0740 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elmo c. LENGTH OF STAY (in this place) 10 days d. FULL NAME OF HOSPITAL OR INSTITUTION Ford Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway 0740 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burlington Jct. - rural d. STREET ADDRESS (If rural, give location) 4 1/2 miles northwest		
3. NAME OF DECEASED (Type or Print) MARGRET CAROLINE ADKINS		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) 7 22 52		5. SEX Female /		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH 10/30/76		9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) near Omaha Nebr. /
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Franklin Adams		13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE James 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. none
17. INFORMANT'S SIGNATURE OR NAME James Adkins, Burlington Jct., Mo.		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute left ventricular failure DUE TO (c) Diabetic arteriosclerotic heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral hemorrhage
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from July 12, 1952, to July 23, 1952, that I last saw the deceased alive on July 23, 1952, and that death occurred at 9:30 p. m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) John E. Bullock M.D. 2		23b. ADDRESS Elmo, Missouri		23c. DATE SIGNED 7-22-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 7/24/52		24c. NAME OF CEMETERY OR CREMATORY Lamar
24d. LOCATION (City, town, or county) (State) Elmo, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.		ADDRESS
DATE REC'D BY LOCAL REG. 7-26-52		REGISTRAR'S SIGNATURE Bess Halbert 1229		

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

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
Student Embalmer

Signed John W. Price
Licensed Embalmer No. 4281

P. O. Address Maryville, 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.