

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17930**

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 5120		Registrar's No. 191			
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone					
b. CITY (If outside corporate limits, write RURAL and give township) Columbia		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Columbia		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 2 - Columbia Tp.				STREET ADDRESS (If rural, give location) Route 2 - Columbia Tp.					
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) ELIZABETH c. (Last) ADKINS			4. DATE OF DEATH July 3, 1954		5. SEX Female		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 30, 1909		9. AGE (In years last birthday) 45		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Callaway County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Frazier Robnett			13b. MOTHER'S MAIDEN NAME Mollie Stansell			14. NAME OF HUSBAND OR WIFE John Franklin Adkins			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME John Franklin Adkins, Columbia, Mo.				ADDRESS _____	
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) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis 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 1 wk 1 7/8	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		592 X	
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)		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 - 2, 1954 , to July 3, 1954 , that I last saw the deceased alive on July - 2, 1954 , and that death occurred at 11:30A m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) F. C. Suggitt M.D.				23b. ADDRESS Columbia			23c. DATE SIGNED 7-6-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 6, 1954		24c. NAME OF CEMETERY OR CREMATORY Millersburg Cemetery		24d. LOCATION (City, town, or county) (State) Callaway Co., Missouri.			
DATE REC'D BY LOCAL REG. July 7 1954		REGISTRAR'S SIGNATURE Mrs. R. E. Palmer			25. FUNERAL DIRECTOR'S SIGNATURE Parsons Funeral Service, Columbia Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *M. S. Whitelicker*.....

Licensed Embalmer No. *38*.....

P. O. Address *Calumb*.....

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.