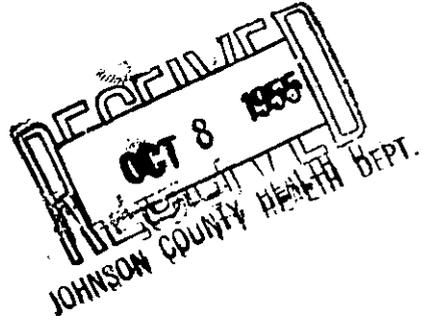


FILED OCT 8¹⁰ 1955THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30025**BIRTH NO. _____ REG. DIST. NO. 165 PRIMARY REG. DIST. NO. 5602 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Chilhowee		c. LENGTH OF STAY (in this place) 3 yrs.	c. CITY OR TOWN Chilhowee
d. FULL NAME OF HOSPITAL OR INSTITUTION.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Lola b. (Middle) Mae c. (Last) Adkins		4. DATE OF DEATH (Month) (Day) (Year) Oct 1 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 9, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11a. BIRTHPLACE (City and State or Foreign Country) Skidmore, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm A. Class		13b. MOTHER'S MAIDEN NAME Rena Thomas	14. NAME OF HUSBAND OR WIFE Elmer Adkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elmer Adkins, Chilhowee, 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) <u>Cerebral Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral insufficiency</u> DUE TO (c) <u>c</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 <u>10-1-</u> , 19 <u>55</u> , to <u>10-1-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10-1-55</u> , 19 <u>55</u> , and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>sur.</u>		23b. ADDRESS Warrensburg, Mo.	23c. DATE SIGNED 10/1/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/4/55	24c. NAME OF CEMETERY OR CREMATORY Mineral Creek	24d. LOCATION (City, town, or county) (State) Leet on, Missouri
DATE REC'D BY LOCAL REG. 10/3/55	REGISTRAR'S SIGNATURE <u>[Signature]</u> 516	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cook Funeral Home, / Chilhowee, Mo.	



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.....
J. W. Cook

Licensed Embalmer No... 433

P. O. Address... *Chilhow*

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.