

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037264

STATE FILE NUMBER

OCT 20 1958

Registration District No. 251

Primary Registration District No. 4370

Registrar's No. 226

S. 300  
1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clearmont		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 0740 Elmo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallin Nursing Home 2 yrs.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JAMES J. ADKINS			4. DATE OF DEATH Month Day Year 10 12 58
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDDED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7/15/70
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-retired	11. BIRTHPLACE (City and state or country) Nodaway County, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-retired		10b. KIND OF BUSINESS OR INDUSTRY Own account	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Randall Adkins		13b. MOTHER'S MAIDEN NAME Catherine Queener	14. NAME OF HUSBAND OR WIFE dec. Margaret Adams 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.	17. INFORMANT Address Mrs. Ray Jones, Elmo, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular occlusion ? days years Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis 332 X 1 years DUE TO (c) Generalized arteriosclerosis 14 years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I) Senility - Cong. Heart Failure - Arter. Ht. H.			INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month Day Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Nov 18 - 1942 to 10/12/58 and last saw him alive on Oct 1 - 1955 Death occurred at 4:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Doramin Cook D. O.		22b. ADDRESS 2 Elmo, Missouri	22c. DATE SIGNED Oct 14 - 58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10/14/58	23c. NAME OF CEMETERY OR CREMATORY Lamar	23d. LOCATION (City, town, or county) (State) Elmo, Missouri
24. FUNERAL DIRECTOR ADDRESS Price Funeral Home, Maryville, Mo.		25. DATE RECD. BY LOCAL REG. 10-18-58	26. REGISTRAR'S SIGNATURE Bess Holt

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 *Curtis E. Hensley* .....

Licensed Embalmer No. *4936* .....

P. O. Address *Marquette* .....

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.