Health, Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008740
STATE FILE NUMBER

FILED MAR 19 1959 Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY OR TOWN Liberty — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 100 Terrace — Length of stay in 1b 8 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN Liberty Good — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 100 Terrace — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Aggie Middle: Last: Adkins

4. DATE OF DEATH Month Day Year: March 7, 1959

5. SEX: femple
6. COLOR OR RACE: white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Dec. 30, 1886
9. AGE (In years last birthday): 72 — 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): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (City and state or country): Liberty, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Gee Warren
13b. MOTHER'S MAIDEN NAME: Allie Stevenson
14. NAME OF HUSBAND OR WIFE: Darwin 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.: none
17. INFORMANT: Darwin Adkins Address: Liberty, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension — 14 Yrs.
DUE TO (c) Arteriosclerosis — 18-20 Yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 33 1X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Dec-24-1952 to Mar-7-1959 and last saw her/him alive on Dec-27-1958
Death occurred at 7:00A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Clyde M. Smith (Degree or title) D.O.
22b. ADDRESS Liberty, Mo
22c. DATE SIGNED 3-9-1959

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 3-9-59
23c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
23d. LOCATION (City, town, or county) (State): Liberty, Missouri

24. FUNERAL DIRECTOR: Tyler-Pasley ADDRESS: Liberty, Missouri
25. DATE RECD. BY LOCAL REG.: 3-11-59
26. REGISTRAR'S SIGNATURE: Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.
Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed.

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 Charles T. Taylor

Licensed Embalmer No. 4534

P. O. Address Liberty 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.