

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

47238

1. PLACE OF DEATH a. COUNTY Wichita		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE New Mexico b. COUNTY Curry	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Electra)		c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Clovis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Electra Hospital		d. STREET ADDRESS (If rural, give location) 321 Axtell St	
3. NAME OF DECEASED (Type or Print) a. (First) Richard		b. (Middle) Earl	
c. (Last) Adkins		4. DATE OF DEATH Sept. 12, 1955	
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 3, 1920
9. AGE YEARS MONTHS DAYS 35 6 9		9. UNDER 24 HRS. Hours Min. 9 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouseman		10b. KIND OF BUSINESS OR INDUSTRY Clovis Air Force Supply Department	
11. BIRTHPLACE (State or foreign country) Electra Wichita County, Texas		12. FATHER'S NAME Emmett E. Adkins, Denton, Co. Texas	
13. MOTHER'S MAIDEN NAME Henry Etta Crowell, Prairie Gr. Ark.		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	
15. SOCIAL SECURITY NO. 456-09-6399		16. INFORMANT'S SIGNATURE E.E. Adkins, 322 N. Wilbarger, Electra, Tex.	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 1 month	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cancer of brain	
DUE TO (c)		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION	
19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE)	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE)		20d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. HOW DID INJURY OCCUR?	
21. I hereby certify that I attended the deceased from Sept. 1, 1955 to Sept. 12, 1955 , that I last saw the deceased alive on Sept. 12, 1955 , and that death occurred at 12:45 pm , from the causes and on the date stated above.			
22a. SIGNATURE J.G. Thompson		22b. ADDRESS M.D. 301 W. Garrison, Electra, Tex.	
22c. DATE SIGNED 9/14/1955		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 9/14/1955		23c. NAME OF CEMETERY OR CREMATORY Electra Memorial Park Et/38 Sec. I	
23d. LOCATION (City, town, or county) (State) Electra Texas		24. FUNERAL DIRECTOR'S SIGNATURE JAS. B. TOTTEN	
25a. REGISTRAR'S FILE NO. 23		25b. DATE REC'D BY LOCAL REGISTRAR Sept. 14, 1955	
25c. REGISTRAR'S SIGNATURE P.T. Weatherall		25d. ADDRESS Electra, Tex.	

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE