

243-3-0-2 30-000-30

TEXAS DEPARTMENT OF HEALTH 193.0 17
BUREAU OF VITAL STATISTICS

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 precinct no.) OR TOWN Electra | | c. LENGTH OF STAY (If applicable place) 2 Wks | 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 35 | MONTHS 6 |
| 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 | | BIRTHPLACE | 13. MOTHER'S MAIDEN NAME Henry Etta Crowell, Prairie Co. Ark. | | |
| 14. WAS DECEASED EVER IN U.S. ARMY 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) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis 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) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | CARCINOMATOSIS CANCER OF BRAIN INTERVAL BETWEEN ONSET AND DEATH TEXAS DEPARTMENT OF HEALTH VITAL STATISTICS | |
| 18a. DATE OF OPERATION | | 18b. MAJOR FINDINGS OF OPERATION | | 19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT (Specify) SUICIDE HOMICIDE | | 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) (Minute) | | 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 _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | |
| 22a. SIGNATURE (Degree or title) J.G. Thompson | | 22b. ADDRESS H.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 Lt/33 Sec. I | |
| 23d. LOCATION (City, town, or county) (State) Electra Texas | | 24. FUNERAL DIRECTOR'S SIGNATURE M.S. BOTTEN Electra, Tex. | | | |
| 25a. REGISTRAR'S FILE NO. 22 | | 25b. DATE RECD BY LOCAL REGISTRAR Sept. 14, 1955 | | 25c. REGISTRAR'S SIGNATURE P.T. Weatherall Electra, Tex. | |

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE