

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34247**

FILED OCT 19 1949

BIRTH NO. <u>65696-49</u>		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>166</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Laclede 25</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lebanon</u> d. STREET ADDRESS (If rural, give location) <u>Rt. 1 Lebanon, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) c. (Last) <u>Atkinson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 11 1949</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Oct 11 1949</u>		9. AGE (in years last birthday) # UNDER 1 YEAR Months Days # UNDER 14 HRS. Hours Min. <u>5</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lebanon, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Clifford Atkinson</u>		13b. MOTHER'S MAIDEN NAME <u>Geneva Vance</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clifford Atkinson Lebanon Rt. 1</u>			
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>Constitutional malformation</u> <u>Cleft Palate, absent nasal structure</u> ANTECEDENT CAUSES DUE TO (b) <u>Prematurity</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>75X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>10-11-49</u> , 1949, to <u>10-11</u> , 1949, that I last saw the deceased alive on <u>10-11</u> , 1949, and that death occurred at <u>3 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. Summers</u>		23b. ADDRESS <u>Lebanon Mo.</u>		23c. DATE SIGNED <u>10-12-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 12 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 12 1949</u>		REGISTRAR'S SIGNATURE <u>Ellen R. May</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer</u>		ADDRESS <u>Lebanon, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received **OCT 15 1949**
Laclede County Health Unit
File No. **10-49-153**
Date Filed **OCT 17 1949**

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Signed _____
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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