

FILED JAN 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43944

43944

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 335 PRIMARY REG. DIST. NO. 6118 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sylvania</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sylvania</u>	
c. LENGTH OF STAY (In this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Painton Rt #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Painton, Mo.</u>			

3. NAME OF DECEASED (Type or Print) <u>Eliza</u>	a. (First)	b. (Middle) <u>C</u>	c. (Last) <u>Atkinson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 24 49</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Nov 27, 1861</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>B. P. McKinney</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Jeff D. Atkinson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY (If yes, give war or dates of service) <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>H. H. Atkinson</u>	ADDRESS <u>Painton, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>42275</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 16, 1950, that I last saw the deceased alive on Jan 19, 1950, and that death occurred at 8:40 AM from the causes and on the date stated above.

23a. SIGNATURE <u>Hyde Pop</u>	(Degree or title) <u>County Registrar Mo</u>	23b. ADDRESS <u>Clarksville Ark</u>	23c. DATE SIGNED <u>1/24/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-26-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hays Cemetery Clarksville, Ark</u>	24d. LOCATION (City, town, or county) (State) <u>Clarksville Ark</u>
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DATE REC'D BY LOCAL REG. <u>Jan 3-1950</u>	REGISTRAR'S SIGNATURE <u>G.B. MacCreedy</u>	298	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Smith</u>	ADDRESS <u>Oran, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 13 195  
District Health Office No. 2  
District File Number 120-23  
City Filed

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, XXX, or by

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed

*Earl J. Smith*

Signed.....

Student Embalmer

Licensed Embalmer No. .... 2676

P. O. Address Oran, Missouri

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.