

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 447
2

0150

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5176 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland-Cadiz Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route</u>		d. STREET ADDRESS (If rural, give location) <u>Rural route</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Juweta</u> b. (Middle) <u>Rose</u> c. (Last) <u>Atwood</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 25-1950</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 2-1904</u>
9. AGE (In years last birthday) <u>45</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>	11. BIRTH PLACE (State or foreign country) <u>Kansas City Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>George Stewart</u>	13b. MOTHER'S MAIDEN NAME <u>Rose unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Lee Atwood</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>545-16-584</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lee Atwood</u> ADDRESS <u>Richland</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>gastro-enteritis</u> 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"/>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u>	
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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 22, 1950</u> , to <u>Jan 25, 1950</u> , that I last saw the deceased alive on <u>Jan 25, 1950</u> , and that death occurred at <u>3:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Lewis H. Myers D. O. Richland Mo.</u>		23b. ADDRESS	23c. DATE SIGNED <u>Jan 30-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>1/30/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cathlamet</u>	24d. LOCATION (City, town, or county) (State) <u>Richland Mo</u>
DATE REC'D BY LOCAL REG. <u>Jan. 31-1950</u>	REGISTRAR'S SIGNATURE <u>Zilpha Inaw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. Depple</u>	ADDRESS <u>Richland, Mo</u>

RECEIVED

District Health Officer No. 71

District File Number 1-50-3

Date Filed 2-2-50

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
Student Embalmer

Signed *AB Cooper* _____

Licensed Embalmer No. 3198

P. O. Address *Richland*

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.