

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 7 1950

State File No. 36433

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Christian Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR Ozark		c. CITY (If outside corporate limits, write RURAL and give township) OR Ozark Mo 0220	
c. LENGTH OF STAY (in this place) 5 years		d. STREET ADDRESS (If rural, give location) Ozark Mo 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ozark. Mo			

3. NAME OF DECEASED (Type or Print) Thomas Gene	a. (First)	b. (Middle)	c. (Last) Atkins	4. DATE OF DEATH (Month) (Day) (Year) Oct 28 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Not Married	8. DATE OF BIRTH March 13, 1936	9. AGE (In years last birthday) 14	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 WKS. Hours	IF UNDER 1 WKS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School student	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mo	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Thomas S Atkins	13b. MOTHER'S MAIDEN NAME Almeda Cook	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Thomas S Atkins	ADDRESS Ozark Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION Gunshot wound - thru head - Rifle fire - accidental		INTERVAL BETWEEN ONSET AND DEATH 45 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
	DUE TO (c)		19. 9190
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			19

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) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ozark Christian Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 28, 1950 11:40 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Details unknown
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22. I hereby certify that I attended the deceased from 28 Oct, 1950 to 28 Oct, 1950 that I last saw the deceased alive on 28 Oct, 1950, and that death occurred at 11:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. Royer M.D.	23b. ADDRESS Ozark, Mo	23c. DATE SIGNED 6 Nov 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 31, 1950	24c. NAME OF CEMETERY OR CREMATORY Ousley	24d. LOCATION (City, town, or county) (State) Anderson, R.R Mo
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DATE REC'D BY LOCAL REG. Nov 15-1950	REGISTRAR'S SIGNATURE Luteta Leonard 59	25. FUNERAL DIRECTOR'S SIGNATURE J.B. Chaffee	ADDRESS Ozark Mo
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 29 1950

Dist. File 1250-2400

Date Filed 12-5-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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