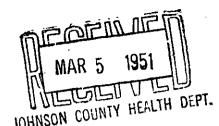
No. 300	FLED MAR	7 1951	-	E DIVISION OF HE					51	62			
10.48		1 1001	31 <i>A</i>	NDARD CERTIF				File No					
	BIRTH NO		REG. D	11ST. NO. 169	PRIMARY REG. DIST.	. жо. <u>-2</u>	602 Regist	rar's No					
10	I. PLACE OF DEA	TH		ı	2 USUAL RESID	DENCE (Where deceased live		itation: re	ddence before			
0510	a. COUNTY	Johnson		<u>'</u>	a. STATE Miss	ouri	b. COU	^{NTY} . Jo	hnso	ndsimina). N			
* 11	b. CITY (If outside so	rporate limits, write R	URAL and	etve c. LENGTH OF	C. CITY (If outside corporate limits, write RURAL and give township)								
ا ' ه	TOWN Rura	al Blairs	stown	ownship) STAY (in this place)	TOWN Rui	ral B	lairstov	vn. №	io.	3/0			
CORD	d. FULL NAME OF (HOSPITAL OR	If not in hospital or i	nstitution, g	ive street address or location)	d. STREET (If rural, give location) ADDRESS					U			
	INSTITUTION		х		ADDRESS		•						
RE	3. NAME OF DECEASED	a. (First)		b. (Middle)	c. (Last)		4. DATE ((Month)	(Day)	(Year)			
E	(Type or Print)	Robert		Oliver	_ Atkins			Peb.	7. 1	951			
ឡ	5. SEX //) 6.	COLOR OR RACE	7. MARE	RIED, NEVER MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH		9, AGE (In years	Months		UNDER M HRS.			
AN		ni te		owed	Feb. 22.	1862	88		16	Min.			
PERMANENT	10a. USUAL OCCUPATIO	N (Give kind of work	10b. KIN	ID OF BUSINESS OR IN-	11. BIRTHPLACE (Stat	outly)	12. CITIZEN OF COUNTRY?						
(M.	farmer		ired		Johnson	1.00	Mo.		II. S	Λ			
	13a. FATHER'S NAME	-		136. MOTHER'S MAIDEN			E OF HUSBAND	OR WIFE		• * • •			
7 5	James Gil	more Atk	ins	Elizabeth F	Cliatt	LDor	a Atkin						
K.	I5. WAS DECEASED EVE	R IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY	17. INFORMANT		ATURE OR NA		AD	DRESS			
MA	no	yes, kive war or dates	OI BETYSON	X	Jenning A	tkins	s. Blair	stow	n. Mo	o. .			
	18 CAUSE OF DEATH MEDICAL CERTIFICATION									L BETWEEN			
IN B	Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO DIRECTLY LEAD	ONDITION ING TO DE	ATH*(a)	mary	the	mbor	حے	30	IND DEATH			
		ANTECEDENT C			1 1	1	-						
5	*This does not mean the mode of dring, such			ioina DUE TO (b)	Vinoc	<u>Cero</u>	n		24	m			
BILA	as heart failure, asthenia, rise to the above cause (a) stating							• •					
	ease, injury, or complica-	me, injury, or complica- m which caused death. II. OTHER SIGNIFICANT CONDITIONS							4201				
N S	tion which caused death.									· · · ·			
9		Conditions contrib related to the disea	nuting to the se or condit	death but not ion causing death.	·								
IF.	19a. DATE OF OPERA-	196. MAJOR FINE	DINGS OF	OPERATION `	•	•	4	•	20. AUT	OPSY1			
UNFADING		• • •		<u> </u>					YES NO Z				
.	21a. ACCIDENT SUICIDE HOMICIDE			OF INJURY (e.g., in or about	21c. (CITY, TOWN, OR	TOWNSHIP	r) . (COI	UNTY)	, (ST	ATE)			
-USING	HOMICIDE		nome, carm, i	factory, street, office bldg., etc.)	<u> </u>	-		-					
d S	21d. TIME (Month)	(Day) (Year) (te. INJURY OCCURRED	21f. HOW DID INJUR	OCCURT				`			
	INJURY		m. W	WORK NOT WHILE	10								
T.Y	22. I hereby certify that I attended the deceased from 2-25, 19 3, to 2/7, 19 5, that I last saw the deceased												
PLAINLY	alive on 8 /5 1950, and that death occurred at 11:30 A m., from the causes and on the date stated												
	23. SIGNATURE	201	1	(Degree or title)	23b. ADDRESS	/			23c. DAT	E SIGNED			
l il		00	div	ell Du	Clini	. ررم	· m	~ .	2//	0/5-/			
E.	24a, BURIAL, CREMA- TION, REMOVAL (Speedly)	24b. DATE]	24c. NAME OF CEMETER	Y OR CREMATORY		TION (City, town		ty)	(State)			
WRITE	burial	burial 2/9/51 Blairstown Blairstown							, Mo				
- 4	DATE REC'D BY LOCAL	ATE REC'D BY LOCAL REGISTEAR'S SIGNATURE // 149 5 FUNERAL DIRECTOR'S SIGNATURE											
够	2/12/1959	Man	rie L	Haskers	Cook Fund	Hari	ome, Ch	ilho:	veе,	Mo.			
LE.	/ / / · ·			(Licensed Embalmer's S	tstement on Reverse Si	đe)							



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of	of this	certificate	was embaln	red by me,	or by	r by	
		Studen	t Embalmer	Eo			
working under my personal supervision.			\sim		•		

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.