

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11384

State File No.

FILED APR 2 1951

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

BIRTH NO. _____		REG. DIST. NO. <u>373</u>		PRIMARY REG. DIST. NO. <u>6264</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>				2. USUAL RESIDENCE (Where deceased lived; if, institution; residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>WEBSTER</u>			
b. CITY OR TOWN <u>RURAL OZARK</u>		c. LENGTH OF STAY (in this place) <u>12 yrs.</u>		c. CITY OR TOWN <u>RURAL OZARK</u>		<u>1120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R#3 MARSHFIELD</u>				d. STREET ADDRESS (If rural, give location) <u>R#3 MARSHFIELD</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDNA</u>		b. (Middle) <u>BLANCHE</u>		c. (Last) <u>ATKINSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 19 1951</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT. 3, 1895</u>	
9. AGE (In years last birthday) <u>55</u>		10. 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>KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>FRANK GATLIN</u>		13b. MOTHER'S MAIDEN NAME <u>OLLIE FICKEL</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGE ATKINSON</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>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>GEORGE ATKINSON</u>		ADDRESS <u>SAME</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis - Metastatic to Skeletal Structure</u> ANTECEDENT CAUSES <u>Carcinoma of Breast.</u> Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> <u>12 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</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)		<u>170X</u>	
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>March 1944</u> , to <u>3-19-</u> , 1951, that I last saw the deceased alive on <u>March 4, 1951</u> , and that death occurred at <u>2:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C.P. Macdonnell, M.D. U</u>				23b. ADDRESS <u>Marshfield, Mo.</u>		23c. DATE SIGNED <u>Mar. 22, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-23-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>3/26/51</u>		REGISTRAR'S SIGNATURE <u>J. J. Francis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O. BARBER-BARTO</u>		ADDRESS <u>MARSHFIELD</u>	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 31 1951

Dist. File 357-676

Date Filed 3-31-51

FILED
APR 2 1951

APR 25 1951

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 Lee Mason

Licensed Embalmer No. 456 P

P. O. Address Mansfield, Mo.

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.