

FILED APR 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15401

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6258 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <b>WAYNE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>WAYNE</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>SILVA</b>		c. LENGTH OF STAY (in this place) <b>WIFE</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>SILVA</b>		<b>1110</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <b>0</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>R.</b>		c. (Last) <b>ATNIP</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 23, 1951</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>Aug. 5, 1867</b>		9. AGE (to years last birthday) <b>83</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>		11. BIRTHPLACE (State or foreign country) <b>Wayne County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>BETHAVEN ATNIP</b>		13b. MOTHER'S MAIDEN NAME <b>METILDA MEADOR</b>	
14. NAME OF HUSBAND OR WIFE <b>Melissa ATNIP</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>James E. Swickell, Silva, Mo.</b>		ADDRESS			
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; asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mitral Stenosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 Months</b>
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. <b>Chronic Brights</b>		DUE TO (b)			
3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <b>July</b> , 19 <b>50</b> , to <b>Apr. 22</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>4-22</b> , 19 <b>51</b> , and that death occurred at <b>10 a.</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>W. H. ...</b>		23b. ADDRESS <b>...</b>		23c. DATE SIGNED <b>2-23-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Apr. 25, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. ...</b>	
24d. LOCATION (City, town, or county) (State) <b>Silva, Mo.</b>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>Mabel Blasley</b>		FUNERAL DIRECTOR'S SIGNATURE <b>W. ...</b>	
ADDRESS <b>...</b>					

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

RECEIVED  
APR 27 1957

WAYNE CO. HEALTH CENTER

FILE No. \_\_\_\_\_

1967-91 ASYD

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**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 Harmon E. Bawle

Licensed Embalmer No. 4126

P. O. Address Edinburg

**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.