

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17217

State File No.

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>2130</u>	
c. LENGTH OF STAY (In this place) <u>2 mo</u>		d. STREET ADDRESS (If rural, give location) <u>5 1/2 mile S.E. Breckenridge, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1208 Cooper - Chillicothe</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Eda</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Atkinson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-26-51</u>
-------------------------------------	-----------------------	------------------------	---------------------------	--

5. SEX <u>F.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 1 - 1875</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 18 HRS. Months <u>3</u> Days <u>25</u>	IF UNDER 18 HRS. Hours _____ Mins. _____
------------------	---------------------------	---	---------------------------------------	---	---	--

10a. 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>None</u>	11. BIRTHPLACE (State or foreign country) <u>Near Knoxville, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	---	---

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MARDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
-----------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George W. Atkinson - Chillicothe</u>	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, terminal, Congestive</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Insufficiency</u>		<u>6 mo</u>
	DUE TO (c) <u>Arricular fibrillation</u>		<u>12 hrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4331</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) _____
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	---	----------------------------------

22. I hereby certify that I attended the deceased from Dec 15, 1950, to May 26, 1951, that I last saw the deceased alive on May 24, 1951, and that death occurred at 3:57 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph P. Conrad M.D.</u> (Degree or title)	23b. ADDRESS <u>Chillicothe, Mo</u>	23c. DATE SIGNED <u>June 4 - 51</u>
---	-------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-26-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Breckenridge, Mo</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>June 4 - 51</u>	REGISTRAR'S SIGNATURE <u>Francis B. Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James Paul Neill</u> ADDRESS _____
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

597



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 George G. Iremull

Licensed Embalmer No. 4425

P. O. Address 28. Bushenridge, 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.