

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22923

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3121

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 40 yrs		3788	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		d. STREET ADDRESS (If rural, give location) Nettleton Home <i>Swope Pharmacy</i>	
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Alice	
c. (Last) Atkins		4. DATE OF DEATH (Month) (Day) (Year) July 21, 1951	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 13, 1859	
9. AGE (In years last birthday) 92		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 10 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) Illinois	
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME John Withers	
13b. MOTHER'S MAIDEN NAME Alice Sappington		14. NAME OF HUSBAND OR WIFE Richard Atkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Catherine Baker Nettleton		ADDRESS Home	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of left hip Diabetes mellitus	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 123	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) accident.	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Nettleton Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson, mo.	
21d. TIME OF INJURY (Month) (Day) (Year) 7-13-51		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Bellon floor.		22. I hereby certify that I attended the deceased from July 13, 1951, to July 21, 1951, that I last saw the deceased alive on July 21, 1951, and that death occurred at 10:25 P. m., from the causes and on the date stated above.	
23a. SIGNATURE <i>Burns M D</i> (Degree or title)		23b. ADDRESS 24th & Cherry	
23c. DATE SIGNED 7-23-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 7-23-51		24c. NAME OF CEMETERY OR CREMATORY Elmwood	
24d. LOCATION (City, town, or county) (State) Kansas City Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stine & Mc Clure Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 7-23-51		REGISTRAR'S SIGNATURE <i>Resaldis Holmes</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Joseph M. M. ...

Licensed Embalmer No. *4694*

P. O. Address *R. O. ...*

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.