

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

8898

State File No.

FILED MAR 26 1952

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Laclede</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon Rural</u> c. LENGTH OF STAY (in this place) <u>47 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lebanon R # 3.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u> d. STREET ADDRESS (If rural, give location) <u>Rural Rt # 3.</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Lee</u> c. (Last) <u>Atkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 12 1952</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 23, 1904</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Audrain Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>J. Wiley Atkins</u>	13b. MOTHER'S MAIDEN NAME <u>Edith M. Jesse</u>	14. NAME OF HUSBAND OR WIFE <u>Lucy Atkins</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no. or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u> </u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lucy Atkins Lebanon Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Dehydration</u> ANTECEDENT CAUSES <u>Carcinomatosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u>Carcinoma of Colon</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>+ P/O/Gate</u>	INTERVAL BETWEEN ONSET AND DEATH <u> </u>
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19a. DATE OF OPERATION <u> </u>	19b. MAJOR FINDINGS OF OPERATION <u>153X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u> </u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u> </u>

22. I hereby certify that I attended the deceased from 7-8, 1950, to 3-12, 1952, that I last saw the deceased alive on 3-10, 1952, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hermann</u> (Degree or title) <u> </u>	23b. ADDRESS <u>Lebanon Mo</u>	23c. DATE SIGNED <u>3-15-52</u>
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24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>3/14/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon, Mo.</u>
DATE REC'D BY LOCAL REG. <u>3-15-1952</u>	REGISTRAR'S SIGNATURE <u>Hella L. May</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Holman</u>	ADDRESS <u>Lebanon, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10-48

0530

MAR 2 2 1952

Received

Laclede County Health Unit

File No. 3-52-24

Date Filed MAR 2 5 1952

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.