

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21108**
Registrar's No. **490**

BIRTH NO. **JUL 9 1952** REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039**

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

1. PLACE OF DEATH a. COUNTY Linn b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline c. LENGTH OF STAY (in this place) 8 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION None		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline d. STREET ADDRESS (If rural, give location) 321 West Howell	
3. NAME OF DECEASED (Type or Print) Frank K. Atkins Jr. a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) June 27, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 30, 1918
9. AGE (In years last birthday) 33		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. BIRTHPLACE (State or foreign country) Marceline, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman		10b. KIND OF BUSINESS OR INDUSTRY Santa Fe R.R.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Frank K. Atkins Sr.		13b. MOTHER'S MAIDEN NAME Flora Keller	14. NAME OF HUSBAND OR WIFE Ina Atkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 711-01-0136	17. INFORMANT'S SIGNATURE OR NAME Ina Atkins
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) Coronary Thrombosis	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) E Myocardial Infarction	
		DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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) 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 _____, 19____, to <u>6-27</u>, 19<u>52</u>, that I last saw the deceased alive on <u>6-27</u>, 19<u>52</u>, and that death occurred at <u>6:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>John W. Smith M.D.</i>		23b. ADDRESS Marceline, Mo	23c. DATE SIGNED 6-30-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/30/52	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24d. LOCATION (City, town, or county) (State) Marceline, Missouri
DATE REC'D BY LOCAL REG. June 27, 1952	REGISTRAR'S SIGNATURE <i>Mary Jane Owens</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>James D. Laughlin</i>	
(Licensed Embalmer's Statement on Reverse Side)			

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JUL 24 1971

JUL 20 1971

JUL 19 1971

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 _____ X.

Student Embalmer No. _____ X

working under my personal supervision.

Student _____ X
Student Embalmer

Signed George W. Davolt

Licensed Embalmer No. 4799

P. O. Address Marion, 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.