

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **8481**

FILED FEB 16 1953

BIRTH NO. _____		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 6179		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Sullivan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pollock		c. LENGTH OF STAY (In this place) 79 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pollock		1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION Eastern Hosp.				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) William c. (Last) Atwood			4. DATE OF DEATH (Month) 2 (Day) 6 (Year) 1953				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11-3-1873	
9. AGE (In years, last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		11. BIRTHPLACE (State or foreign country) Sullivan Co Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James M Atwood		13b. MOTHER'S MAIDEN NAME Sarah E Price		14. NAME OF HUSBAND OR WIFE Samantha Buckhart			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME Charles Atwood ADDRESS Pollock - Mo			
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 Influenza & pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Aspirated lungs & hyperemic chronic myocarditis 480X				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) (Min.)		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 1-23-1953 to 2-6-1953 , that I last saw the deceased alive on 2-6-1953 and that death occurred at 8:15 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Charles L. Gidd (Degree or title)				23b. ADDRESS Pollock Mo		23c. DATE SIGNED 2/7/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-9-53		24c. NAME OF CEMETERY OR CREMATORY Campbell Cem		24d. LOCATION (City, town, or county) (State) Pollock Mo	
DATE REC'D BY LOCAL REG Feb. 12-1953		REGISTRAR'S SIGNATURE Mrs. H. B. Harris		25. FUNERAL DIRECTOR'S SIGNATURE Samuel Reeves		ADDRESS Pollock Mo	

(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 _____

Dwight Schauer

Licensed Embalmer No. 2667

P. O. Address Wilbur - 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.