

FILED MAR 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9692

State File No. 11001

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11001			
1. PLACE OF DEATH a. COUNTY Jackson Co.				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. LENGTH OF STAY (in this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit 7001					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital				d. STREET ADDRESS (If rural, give location) 600 E Street					
3. NAME OF DECEASED (Type or Print) a. (First) Jennie b. (Middle) B. c. (Last) Atkins			4. DATE OF DEATH Feb. 15, 1953						
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January 16, 1869		9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Thomas Baker		13b. MOTHER'S MAIDEN NAME Ann Hughes		14. NAME OF HUSBAND OR WIFE C.C. Atkins					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Flora Colbern		ADDRESS Lee's Summit, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS - Fracture of the neck of the right femur - February 1, 1953 Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Instant 4201F	
19a. DATE OF OPERATION 2/4/53		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT X SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lee's Summit Jackson Missouri					
21d. TIME OF INJURY February 1, 1953 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Slipped on floor in her home.					
22. I hereby certify that I attended the deceased from 2-1 1953, to 2-15, 1953, that I last saw the deceased alive on 2-15 1953, and that death occurred at 1:45 p.m., from the causes and on the date stated above.									
23a. SIGNATURE Paul W. Meyer (Degree or title) Paul W. Meyer M.D.				23b. ADDRESS MD. 431 2 J. C. Nichols Pkwy		23c. DATE SIGNED 2-16-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 18 1953	24c. NAME OF CEMETERY OR CREMATORY Atkins Family		24d. LOCATION (City, town, or county) (State) Johnson Co. Missouri				
DATE REC'D BY LOCAL REG. 2-17-53		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE J.E. Consalus		ADDRESS Clinton, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

4312 J.C. Nichols Parkway
Alexandria -
Dr. Paul Meyer

5-757
J.C.
willford

Dr. Paul Meyer
5-757

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: *Russell N France*

Licensed Embalmer No. *4255*

P. O. Address *K.C.M.*

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.