

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

222222

State File No. ....

FILED JUN 23 1953

BIRTH NO. ....		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>5780</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>			
b. CITY OR TOWN <u>Eldon</u>		c. LENGTH OF STAY (in this place) .....		c. CITY OR TOWN <u>Eldon</u>		06/60	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saline Township</u>				d. STREET ADDRESS (If rural, give location) <u>Saline Township</u>			
3. NAME OF DECEASED (Type or Print) <u>CHARLES</u>		a. (First)		b. (Middle) <u>Fountain</u>		c. (Last) <u>ATKINSON</u>	
4. DATE OF DEATH <u>JUNE 7, 1953</u>		4. DATE OF DEATH (Month), (Day) (Year)		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>MAY 7, 1878</u>		9. AGE (in years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	
11. BIRTHPLACE (City and State of Foreign Country) <u>DEAN, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>LOUIS ATKINSON</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH A. MILLER</u>	
14. NAME OF HUSBAND OR WIFE <u>Laura Ann Atkinson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MAE LUNGE FORD</u> ADDRESS <u>ELDON, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION .....		19b. MAJOR FINDINGS OF OPERATION .....				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) .....	
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 <u>June 5</u> , 1953, to <u>June 7</u> , 1953, that I last saw the deceased alive on <u>June 5</u> , 1953, and that death occurred at <u>12:40 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Just E. Munier, Jr.</u> (Degree or title) .....				23b. ADDRESS <u>Eldon, Mo.</u>		23c. DATE SIGNED <u>6/12/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 9, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eldon</u>		24d. LOCATION (City, town, or county) (State) <u>Eldon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 12, 1953</u>		REGISTRAR'S SIGNATURE <u>Edw. W. Walters</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Phillips</u>		ADDRESS <u>Eldon</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 19 1941  
SALLER COUNTY HEALTH  
DEPARTMENT

### 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 James A. Phillips

Licensed Embalmer No. 3663

P. O. Address Cedar

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.