

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 32846

8995

Registrar's No. 8905

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 32846					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Maries							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 10 days		c. CITY OR TOWN Dixon		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital				e. STREET ADDRESS (If rural, give location) 1200 ... Street 0630							
3. NAME OF DECEASED (Type or Print) William James Atwell			a. (First) James b. (Middle) Atwell c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Sept. 16 1953					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2-15-79					
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days		IF UNDER 14 HRS. Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Dixon, Missouri					
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME Thomas		13b. MOTHER'S MAIDEN NAME Eliza Phillips		14. NAME OF HUSBAND OR WIFE Florence Atwell				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Harry Atwell, 5624 Labadie St. Louis			ADDRESS			
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) Arteriosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pernicious anemia				INTERVAL BETWEEN ONSET AND DEATH 12 yrs. 12 yrs. 12 yrs.			
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) 420,0 (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 9-6-53, 19, to 9-16-53, 19, that I last saw the deceased alive on 9-16-53, 19, and that death occurred at 2:55 p.m., from the causes and on the date stated above.											
23a. SIGNATURE R. A. Walker M.D. (Degree or title)				23b. ADDRESS 5400 Arsenal Street				23c. DATE SIGNED 99-17-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-17-53		24c. NAME OF CEMETERY OR CREMATORY Freedom Cemetery		24d. LOCATION (City, town, or county) (State) Maries County, Mo.					
DATE REC'D BY LOCAL REG. SEP 17 1953		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert J. Hoppe 4700 Washington.							

E. P. (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 e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *H. W. Wilkins*

Licensed Embalmer No.... *3*

P. O. Address *H. Lou*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.