No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39749

FILED NOV 17 1953

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 9046 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY: MONITEAU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALIFORNIA, MO.
c. LENGTH OF STAY (In this place): 5 WKS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LATHAM HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MONITEAU
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ENON, RURAL 0680
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First) OLIVER b. (Middle) PERRY c. (Last) ATKINSON

4. DATE OF DEATH (Month) (Day) (Year): OCT. 28, 1953

5. SEX: MALE 0

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: NOV. 7, 1872

9. AGE (In years last birthday): 80 | 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): COMMISSION MERCHANT

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): MILLER COUNTY 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JAMES ATKINSON

13b. MOTHER'S MAIDEN NAME: SUSAN ISABELL MILLER

14. NAME OF HUSBAND OR WIFE: CORA HARMON

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.: 327-01-7723 A

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: BYRAN ATKINSON, BARNETT, 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) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 6 years
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: 4221

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 12, 1949, *to* Oct 28, 1953, *that I last saw the deceased alive on* Oct 28, 1953, *and that death occurred at* 1 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Kenyon Latham M.D. (Degree or title)
23b. ADDRESS: California Mo.
23c. DATE SIGNED: 10-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11/30/53
24c. NAME OF CEMETERY OR CREMATORY: City Cemetry
24d. LOCATION (City, town, or county) (State): CALIFORNIA, MONITEAU, MO.

DATE REC'D BY LOCAL REG.: 11/30/53
REGISTRAR'S SIGNATURE: H. L. Popejoy R.R.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: WILLIAMS FUNERAL HOME, CALIFORNIA, MO

(Licensed Embalmer's Statement on Reverse Side)

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

1961 5 31

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 Hugh E Williams

Licensed Embalmer No. 35-37

P. O. Address California 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.