

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5880

State File No.

FILED MAR 8 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1760**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		a. STATE Illinois	b. COUNTY
c. LENGTH OF STAY (In this place) 1 week		c. CITY OR TOWN West Frankfort	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. John's Hospital		e. STREET ADDRESS (If rural, give location) unknown	812 0 8

3. NAME OF DECEASED (Type or Print)	a. (First) HERBERT	b. (Middle) L.	c. (Last) ATWOOD	4. DATE OF DEATH (Month) (Day) (Year) 2-20-54
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8-1-1879	9. AGE (In years last birthday) 74	If UNDER 1 YEAR Months Days	If UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school teacher	10b. KIND OF BUSINESS OR INDUSTRY school	11. BIRTHPLACE (City and State or Foreign Country) Creal Springs, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thompson Atwood	13b. MOTHER'S MAIDEN NAME Alice Mayer	14. NAME OF HUSBAND OR WIFE Mima Atwood
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Mima Atwood, West F., Ill.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Polycythemia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Post. cerebral accident. Loss of memory		6 mos. 6 mos. 6 mos.	

19a. DATE OF OPERATION 2-16-54	19b. MAJOR FINDINGS OF OPERATION Median Bx + Hyperplasia	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 610X
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Chas. C. Smith MD</i> (Degree or title)	23b. ADDRESS 609 Humboldt Ave	23c. DATE SIGNED Feb 23 1954
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24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 2-22-54	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) West Frankfort, Ill.
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DATE REC'D BY LOCAL REG. FEB 24 1954	REGISTRAR'S SIGNATURE <i>J. C. Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE Stone F.H., West Frankfort, Ill	ADDRESS
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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.....
Signature of Student Embalmer

Signed..... *J. Allen Davis*

Licensed Embalmer No. *47*

P. O. Address *at J*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.