

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 12 1954

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ozark, Rural Rinley Tp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ava</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Co. Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>0340</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>H.</u> c. (Last) <u>Atwood</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-27-54</u>
--	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>### 12-23-68</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
--------------------	-------------------------------	---	--------------------------------------	---	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>### ### #1011101</u>	11. BIRTHPLACE (State or foreign country) <u>Marshfield, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	---	---

13a. FATHER'S NAME <u>Albert Atwood</u>	13b. MOTHER'S MAIDEN NAME <u>Langston</u>	14. NAME OF HUSBAND OR WIFE <u>Serena Atwood</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jesse Atwood, Smallett, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Decompensated Acute Cor Pulmonale</u> DUE TO (c) <u>Lobar Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>1 week</u>
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 <u>490 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 1/20, 1954, to 3/26, 1954, that I last saw the deceased alive on 3/26, 1954, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Vincent P. M. Corrick, D.O.</u> (Degree or title)	23b. ADDRESS <u>Ozark, Mo.</u>	23c. DATE SIGNED <u>3/21/54</u>
---	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-28-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Smallett, Missouri</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Apr. 10, 1954</u>	REGISTRAR'S SIGNATURE <u>Luella Leonard</u>	59-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clinkingbeard Funeral Home, Ava, Mo.</u>
---	---	------	--

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

No. 300
10-48

220

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava 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.