

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

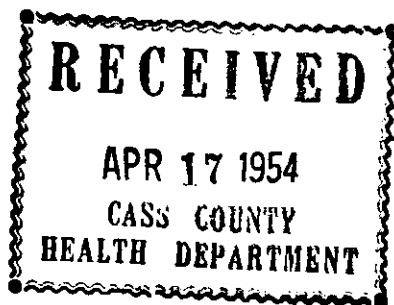
State File No.

11469

BIRTH NO.		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4097</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Cass</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u> c. LENGTH OF STAY (in this place) <u>3 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u> d. STREET ADDRESS <u>7 miles south of Harrisonville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances</u> b. (Middle) <u>Allene</u> c. (Last) <u>Atkinson</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>April 6, 1954</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 29, 1915</u>	
9. AGE (In years last birthday) <u>38</u>		10. UNDER 1 YEAR <u>4</u> Days		11. UNDER 1 MIN. <u>7</u> Hours		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Daugherty, Missouri</u>	
13a. FATHER'S NAME <u>George D. Noell</u>				13b. MOTHER'S MAIDEN NAME <u>Henrietta Clark</u>		14. NAME OF HUSBAND OR WIFE <u>Clyde Atkinson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>496-16-2342</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Atkinson</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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC GLOMERULONEPHRITIS</u> 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>3 days</u> <u>UNKNOWN</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a. DATE OF OPERATION <u>✓</u>				19b. MAJOR FINDINGS OF OPERATION <u>✓</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>			
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>				21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>✓</u>			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>APR 4, 1954</u> , to <u>APR 6, 1954</u> , that I last saw the deceased alive on <u>APR 6, 1954</u> , and that death occurred at <u>10 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. H. Barger M.D.</u>				23b. ADDRESS <u>HARRISONVILLE MO</u>			
23c. DATE SIGNED <u>8 APR 1954</u>				23d. LOCATION (City, town, or county) (State) <u>Harrisonville, Mo.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>April 11, 1954</u>			
24c. NAME OF CEMETERY OR CREMATORY <u>Orient Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Harrisonville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Apr 11 1954</u>				REGISTRAR'S SIGNATURE <u>Dora Bartland</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>Atkinson Bros. Harrisonville, Mo</u>				ADDRESS			

(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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert W. Arkison

Licensed Embalmer No. 4902

P. O. Address Hannibal, 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.