

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28300

0661
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REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution, residence) before a. STATE Missouri		b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		d. STREET ADDRESS (If rural, give location) 406C Jefferson St. 0264 /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Weaver Rest Home		3. NAME OF DECEASED a. (First) ANNA E		b. (Middle) IRENE	
c. (Last) ATKINSON		4. DATE OF DEATH Aug. 8, 1954		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 7, 1875	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kenderville, Indiana /	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Simon E. Weaver		13b. MOTHER'S MAIDEN NAME Sarah Bollinger	
14. NAME OF HUSBAND OR WIFE Warren W. Atkinson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Blanche Weaver		ADDRESS Eldon, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	
MEDICAL CERTIFICATION		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cardiovascular Renal Disease			
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		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) (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 July 15, 1954, to Aug 8, 1954, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30A m., from the causes and on the date stated above.					
23a. SIGNATURE E. O. Shelton M.D.		(Degree or title)		23b. ADDRESS Eldon, Mo.	
23c. DATE SIGNED Aug 9, 54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 10, 54	
24c. NAME OF CEMETERY OR CREMATORY Eldon		24d. LOCATION (City, town, or county) (State) Eldon, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE Eldon	
DATE REC'D BY LOCAL REG. Aug 9, 54		REGISTRAR'S SIGNATURE 19250 Blanche Weaver		ADDRESS Eldon	

(Licensed Embalmer's Statement on Reverse Side)

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

MISSOURI
AUG 17 1911

MISSOURI
AUG 17 1911

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.....

Louis D. Phillips

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.