

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31109

State File No. _____

FILED SEP 23 1954

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>155</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u> c. LENGTH OF STAY (in this place) <u>9 days</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Wallace Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon Rural</u> d. STREET ADDRESS (If rural, give location) <u>R.R. # 4</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edith</u> b. (Middle) <u>Maud</u> c. (Last) <u>Atkins</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 8 1954</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec. 23, 1980</u>	
9. AGE (In years last birthday) <u>73</u>		10. MONTHS <u>8</u>		11. DAYS <u>15</u>		12. IF UNDER 14 HRS. Hours Min.	
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 _____			
11. BIRTHPLACE (City and State or Foreign Country) <u>California</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>John S. Jesse</u>				13b. MOTHER'S MAIDEN NAME <u>Monervia Reed</u>			
14. NAME OF HUSBAND OR WIFE <u>J. Wiley Atkins</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			
16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT'S SIGNATURE OR NAME <u>J. Wiley Atkins</u>			
18. ADDRESS <u>Lebanon, Mo.</u>				19. MEDICAL CERTIFICATION			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CA of stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 (?)			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21. ACCIDENT SUICIDE HOMICIDE (Specify) _____			
21a. 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) _____				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 <u>6-3-</u> , 1954, to <u>9-8-</u> , 1954, that I last saw the deceased alive on <u>9-8-</u> , 1954, and that death occurred at <u>2:15 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. E. Harell</u> (Degree or title) _____				23b. ADDRESS <u>Lebanon, Mo.</u>			
23c. DATE SIGNED <u>9-8-54</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>9/11/54</u>				24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>L. H. Way</u>			
25. ADDRESS <u>424 W. E. Holman</u>				26. DATE REC'D BY LOCAL REG. <u>9-11-1954</u>			
26. REGISTRAR'S SIGNATURE <u>hella</u>				27. (Licensed Embalmer's Statement on Reverse Side)			

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

Received SEP 19 1954
Laclede County Health Unit
File No. 9-54-150
Date Filed SEP 22 1954

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 Bersey M. Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon, 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.