

FILED OCT 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33774

State File No.

No. 300
10-48BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4467

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>1 WEEK</u>	c. CITY OR TOWN <u>HICKMAN MILLS</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAKESIDE HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>8346 PERSHING ROAD</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOA</u>		b. (Middle) _____	c. (Last) <u>ATKINS</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT-20-1954</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>OCT-2-1895</u>	9. AGE (In years last birthday) <u>58</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 _____	11. BIRTHPLACE (City and State or Foreign Country) <u>unknown</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>CHARLES W. PHILLIPS</u>	
13b. MOTHER'S MAIDEN NAME <u>SARAH WARREN</u>		14. NAME OF HUSBAND OR WIFE <u>WALTER A. 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>WALTER A. ATKINS</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>azotemia</u> DUE TO (c) <u>peritonitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Peritonitis, inflammation of colon</u>	
19a. DATE OF OPERATION <u>9-8-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Perforation of diverticulum of colon</u>	
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.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Hickman Mills Jackson, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-3-54</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>swallowed chicken bone</u>		22. I hereby certify that I attended the deceased from <u>Sept.</u> , 19 <u>53</u> , to <u>9-20</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9-20</u> , 19 <u>54</u> , and that death occurred at <u>12:45P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Marvin B. Lippman</u>		23b. ADDRESS <u>N.O. 9124 E. 50 Hwy K.C. 29</u>	
23c. DATE SIGNED <u>9-20-54</u>		24a. BURIAL CREMATION (Specify) <u>BURIAL</u>	
24b. DATE <u>SEPT. 20-1954</u>		24c. NAME OF CEMETERY OR CREMATORY _____	
24d. LOCATION (City, town, or county) (State) <u>SEDALIA MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer</u>	
DATE REC'D BY LOCAL REG. <u>9-21-54</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO.</u>	

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

File 2868

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 *Edward M. Storey*

Licensed Embalmer No. 492

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