

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38054

State File No.

FILED NOV 22 1954

0660

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

BIRTH NO.		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>5780</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH, a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon Saline</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u>		0660	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. #</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. # - Saline</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LAURA</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>Atkinson</u>	
4. DATE OF DEATH		(Month) <u>Nov</u>		(Day) <u>9</u>		(Year) <u>1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Feb. 10, 1880</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</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 (State or foreign country) <u>Miller Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Russell</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Luranne</u>		14. NAME OF HUSBAND OR WIFE <u>Chas. Atkinson</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 <u>Mae Lunsford</u> ADDRESS <u>Eldon</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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral haemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>arterio sclerosis</u> 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 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)		331X	
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 <u>Nov 7</u> , 19 <u>54</u> , to <u>Nov 9</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Nov 7</u> , 19 <u>54</u> , and that death occurred at <u>3:00 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. O. Sacketon M.D.</u> (Degree or title)				23b. ADDRESS <u>Eldon Mo</u>		23c. DATE SIGNED <u>Nov 15 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov. 11, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eldon</u>		24d. LOCATION (City, town, or county) (State) <u>Eldon, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 15, 54</u>		REGISTRAR'S SIGNATURE <u>Alfreda W. Dalt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis D. Phillips</u> ADDRESS <u>Eldon</u>			

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DEPT. OF HEALTH
EMBALMENT

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 _____

Louis A. Phillips
Licensed Embalmer No. 3663

P. O. Address _____

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.