

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41674

State File No. _____

BIRTH NO. <u>96054-54</u>		REG. DIST. NO. <u>700</u>		PRIMARY REG. DIST. NO. <u>5726</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Macon</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Middle Fork</u> c. LENGTH OF STAY (If this place) <u>2 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. Excello</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Middle Fork</u> d. STREET ADDRESS (If rural, give location) <u>R.F.D. Excello</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sherry</u> b. (Middle) <u>Ann</u> c. (Last) <u>Atkins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31</u> <u>1954</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Dec. 29, 1954</u>		9. AGE (In years last birthday) <u>2</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>no.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>no.</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Harry Atkins</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Binder</u>		14. NAME OF HUSBAND OR WIFE <u>no.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harry Atkins</u> ADDRESS <u>Macon, Mo.</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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Pulmonary Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Septicemia</u> 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. 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☐		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) <u>Macon</u> <u>Macon</u> <u>Mo.</u> 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>December 29, 1954</u> , to <u>time of death</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>December 30, 1954</u> , and that death occurred at <u>2:02</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Carroll</u>		23b. ADDRESS <u>Macon, Missouri</u>		23c. DATE SIGNED <u>1/31/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 1, 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>R.F.D. Excello</u> <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1/31/54</u>		REGISTRAR'S SIGNATURE <u>Paul McNeely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lester Shotton</u> ADDRESS <u>Macon, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1. 5. 55
MACON COUNTY HEALTH DEPARTMENT
County File No. 12-54-210
Date Filed 1. 6. 55

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

Charles L. Sutton

Licensed Embalmer No. 4577

P. O. Address Macon 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.