

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16248

FILED JUN 2 1955

BIRTH NO.		REG. DIST. NO. 227		PRIMARY REG. DIST. NO. 4411		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>			
b. CITY OR TOWN <u>Bowling Green</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Bowling Green</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				e. STREET ADDRESS (If rural, give location) <u>0820</u>			
3. NAME OF DECEASED (First) <u>Capoline</u>		b. (Middle)		c. (Last) <u>Atkinson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 19 1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan 15 1874</u>	
9. AGE (in years last birthday) <u>81</u>		10. MONTH <u>4</u> DAY <u>1</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Green Co. Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <u>Samuel Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Lumben</u>	
13c. NAME OF HUSBAND OR WIFE <u>Ralph Atkinson</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		15. SOCIAL SECURITY NO. <u>none</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Carl Atkinson</u> ADDRESS <u>Bowling Green Mo</u>	
17. 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.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Endocarditis</u> DUE TO (c) <u>Myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19. INTERVAL BETWEEN ONSET AND DEATH <u>30 days</u> <u>yes</u> <u>no</u>	
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)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>1940-5-19, 1955</u> , that I last saw the deceased alive on <u>5-18, 1955</u> , and that death occurred at <u>8 4</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. M. Mathews &amp; Sons</u> (Degree or title)		23b. ADDRESS <u>Bowling Green Mo</u>		23c. DATE SIGNED <u>5-23-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 21 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green</u>		24d. LOCATION (City, town, or county) (State) <u>Bowling Green Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-26-55</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marce Bankhead</u> ADDRESS <u>Bowling Green Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 11 1955

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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 *Harold K. Rice*.....

Licensed Embalmer No. *45*

P. O. Address *Baltimore*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.