

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

29610

State File No. _____

FILED SEP 20 1955

BIRTH NO. 49690-55 REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 4231 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Hawaii</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Papa Aiea</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>HI</u> b. COUNTY <u>Shannon</u> c. CITY OR TOWN <u>Winona</u> d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ e. STREET ADDRESS (If rural, give location) <u>Box 125</u> <u>10/01</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Atkins</u> b. (Middle) <u>Infant</u> c. (Last) <u>Infant</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-30-1955</u>		
5. SEX <u>M-</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	
8. DATE OF BIRTH <u>Aug-30-1953</u>		9. AGE (In years) (Months) (Days) (If under 1 year) (If under 24 hrs.) <u>2</u> <u>0</u> <u>0</u>		10. BIRTHPLACE (City and State or Foreign Country) <u>Winona HI</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		12. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		13. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Bernett Atkins</u>		13b. MOTHER'S M maiden name <u>Wanda Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Infant</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James R. Shaffer</u>	
ADDRESS <u>126 E. Main St. Winona HI</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* (a) <u>Aspiration of Fluid into Chest</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Born in back seat of car</u> DUE TO (c) <u>With face turned down</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>In the fluid and blood pool</u>	
19a. DATE OF OPERATION <u>7-20</u>		19b. MAJOR FINDINGS OF OPERATION <u>7-20</u>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 8-30, 1955, to 8-30, 1955, that I last saw the deceased alive on 8-30, 1955, and that death occurred at 11:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James R. Shaffer D.O.</u>		23b. ADDRESS <u>Winona HI</u>		23c. DATE SIGNED <u>9-16-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-31-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Winona Chapel</u>	
24d. LOCATION (City, town, or county) (State) <u>Winona HI</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Laura Mitchell</u>		24f. ADDRESS <u>Winona HI</u>	
DATE REC'D BY LOCAL REG. <u>9-17-55</u>		24g. (Licensed Embalmer's Statement on Reverse Side)			

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

0460

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.....

Licensed Embalmer No. 438

P. O. Address Mrs. Brien

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.