

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36284**

BIRTH NO. _____		REG. DIST. NO. <u>71</u>	PRIMARY REG. DIST. NO. <u>3012</u>	Registrar's No. <u>107</u>
1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Excelsior Springs</u>)		c. LENGTH OF STAY (in this place) <u>1 yr., lmo., 29 days</u>	c. CITY OR TOWN <u>Chillicothe</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Springs, Missouri</u>		e. STREET ADDRESS (If rural, give location) <u>121 Locust</u>		
3. NAME OF DECEASED (Type or Print) <u>HOWARD</u>		a. (First) _____	b. (Middle) <u>E</u>	c. (Last) <u>ATKINS</u>
4. DATE OF DEATH <u>November 15 1955</u>		4. DATE (Month) (Day) (Year)		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 6, 1921</u>	9. AGE (In years last birthday) <u>34</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Garage</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chillicothe, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Floyd Atkins</u>		13b. MOTHER'S MAIDEN NAME <u>Verda Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Olive Atkins</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>488143683</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA hospital records</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Tuberculosis, pulmonary, chronic, far advanced, active, with left pyopneumothorax</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) _____ DUE TO (c) _____		<u>002X</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>9-17-54</u> , XXXX , to <u>11-15</u> , 1955 , which has been the longest XXXXXXXXXXXXXXXXXXXX , and that death occurred at <u>10:10P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>A. G. Sprong</u>		23b. ADDRESS <u>Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>11-16-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>11-16-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNKNOWN</u>	24d. LOCATION (City, town, or county) (State) <u>CHILLICOTHE, MO.</u>
DATE REC'D BY LOCAL REG. <u>11/18/55</u>	REGISTRAR'S SIGNATURE <u>Baroline Hutchings</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Claude Richard</u> ADDRESS <u>Exc. Springs, Mo.</u>		

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

(Licensed Embalmer's Statement on Reverse Side)



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: *Lindell Jarman*

Licensed Embalmer No. *458*
Excelsior Springs Mo.
P. O. Address

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.