

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40397

State File No.

FILED JAN 11 1956

5600

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5600</u>																			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>																					
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>				3b. STREET ADDRESS (If rural, give location) <u>2529 Norton</u>																					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Norma</u>			b. (Middle) _____		c. (Last) <u>Atkinson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 22 1955</u>																		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Jan. 14, 1879</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 Hrs. Hours		IF UNDER 1 Min. Min.									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife (retired) Practical Nurse</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) <u>Marseilles Ill,</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>													
13a. FATHER'S NAME <u>Ezekiel Hayes</u>				13b. MOTHER'S MAIDEN NAME <u>Julina Barter</u>				14. NAME OF HUSBAND OR WIFE <u>Albert A. 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>572-20-8669</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Hickman and Mrs. Perry Mengel 6721 Raytown Rd. R #1 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, asthma, etc. It means the disease, injury, or complication which caused death.												MEDICAL CERTIFICATION												INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bile peritonitis</u>												DUPLICATE OF (b) <u>Perforation of duodenum with bile fistula</u>													
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.												DUPLICATE OF (c) _____													
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.												<u>Recent laparotomy for cholelithiasis</u>													
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input checked="" 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. 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>Dec. 11, 1955</u> to <u>Dec. 22, 1955</u> , that I last saw the deceased alive on <u>Dec. 22, 1955</u> and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.																									
23a. SIGNATURE <u>B. I. Burns</u> (Degree or title) <u>M.D.</u>												23b. ADDRESS <u>24th & Cherry</u>				23c. DATE SIGNED <u>12-23-55</u>									
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>December 24-1955</u>				24c. NAME OF CEMETERY OR PLACE OF BURIAL <u>Memorial Park</u>				24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>													
DATE REC'D BY LOCAL REG. <u>12-24-55</u>				REGISTRAR'S SIGNATURE <u>Neva Minshall</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. C. L. Forster</u>				ADDRESS <u>Funeral Home K.C. Mo.</u>													

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
J. Vigil Herrick

Licensed Embalmer No. 358

P. O. Address.....
P. O. 19

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.