

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **13118**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **8200**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>20 Years</b>	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1710 Jefferson Street</b>		f. STREET ADDRESS (If rural, give location) <b>1710 Jefferson Street</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>LOIS</b> b. (Middle) _____ c. (Last) <b>ATKINSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 31, 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 18, 1893</b>
9. AGE (In years last birthday) <b>62</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Practical Nurse</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Union, Nebraska</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Practical Nurse</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>William Garrens</b>		13b. MOTHER'S MAIDEN NAME <b>Mary K. Edmiston</b>	14. NAME OF HUSBAND OR WIFE <b>Harland Atkinson</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>505-28-5149</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mae Shotwell, 1710 Jefferson, K. C. Mo.</b>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the cervix</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <b>171X</b>	
19a. DATE OF OPERATION <b>Sept. 1954</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of the cervix</b>	
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) 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 <b>Sept. 1954</b> , to <b>March 31, 1956</b> , that I last saw the deceased alive on <b>March 10, 1956</b> and that death occurred at <b>3 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Arthur B. Smith</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>830 Arzyle Bldg., K.P.6.Mo</b>	
23c. DATE SIGNED <b>3/31/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4-2-1956</b>	
24c. NAME OF CEMETERY OR CREMATOR <b>Union Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Union, Nebraska</b>	
DATE REC'D BY LOCAL REG. <b>4-1-56</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Freeman Mortuary, Kansas City, Mo.</b>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

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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 *Clayton K Barnes*.....

Licensed Embalmer No. *47*

P. O. Address *K. C. M.*

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.