

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15512

FILED JUN 15 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>Bates</u> <u>0071</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> - <u>0190</u>	
b. CITY OR TOWN <u>Butler</u>		c. CITY OR TOWN <u>Archie</u>	
c. LENGTH OF STAY (in this place) <u>2 days</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 HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>			
e. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Daisy</u>	b. (Middle) <u>Grace</u>	c. (Last) <u>Atwood</u>	(Month) <u>June</u>	(Day) <u>7</u>	(Year) <u>1956</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>Oct. 25th, 1881</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Days	IF UNDER 24 Hrs. Hours	IF UNDER 1 Min. Min.
----------------------	-------------------------------	---	---	---	----------------------	------------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bethany Harrison County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	--

13a. FATHER'S NAME <u>Oliver P. Tilley</u>	13b. MOTHER'S MAIDEN NAME <u>Not known</u>	14. NAME OF HUSBAND OR WIFE <u>Lloyd Atwood deceased</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dean Bosley Archie, Mo.</u>	ADDRESS
--	-------------------------------------	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		DUPLICATE		
*This does not mean the mode of dying, such as heart failure, asthma, 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 last.		DUPLICATE		
DUPLICATE		DUPLICATE		
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE		
Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE		

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 May 27, 1956, to June 6, 1956, that I last saw the deceased alive on June 6, 1956, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. E. Robinson</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Adrian, Mo.</u>	23c. DATE SIGNED <u>6-8-56</u>
--	---------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 10 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kidwell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Martinsville, Mo.</u>
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>June 8 56</u>	REGISTRAR'S SIGNATURE <u>Rendall Kerry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Atkinson Brothers</u>	ADDRESS <u>Archie, Mo.</u>
---	--	---	----------------------------

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 *Robert W. Robinson*.....

Licensed Embalmer No. *490*.....

P. O. Address *Harrison*.....

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.