

FILED JUN 22 1956

## STANDARD CERTIFICATE OF DEATH

State File No. **22501**

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** **333** **PRIMARY REG. DIST. NO.** **3074** **Registrar's No.** **98**

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Sikeston</b>		c. LENGTH OF STAY (in this place) <b>65 days</b>	c. CITY OR TOWN <b>Sikeston</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Delta Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>Route # 3 07201</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>Lee</b> c. (Last) <b>Atwill</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>6 8 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>6-20-1885</b>
9. AGE (in years last birthday) <b>70</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Point Pleasant, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>JOHN E. Atwill</b>	13b. MOTHER'S MAIDEN NAME <b>Josephine SANDI</b>	14. NAME OF HUSBAND OR WIFE <b>AMANDA THOMAS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>—</b>	16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT'S SIGNATURE OR NAME <b>AMANDA ATWILL-SIKESTON, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cholangitis</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chole docho Colic fistula 2 wks</b> DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>584X</b>	
19a. DATE OF OPERATION <b>5-24-56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Common duct obstruction chole docho lithiasis</b>		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 <b>Jan</b> , 19 <b>55</b> , to <b>June 6</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>June 4</b> , 19 <b>56</b> , and that death occurred at <b>4:17 P.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Wm E. Critchlow M.D.</b>		23b. ADDRESS <b>Sikeston, Mo.</b>	23c. DATE SIGNED <b>6/12/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/10/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Portageville Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Portageville, Mo.</b>
DATE REC'D BY LOCAL REG. <b>6-12-56</b>	REGISTRAR'S SIGNATURE <b>Mrs. Edw Hunter</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Adelberton Funeral Home</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

1003

42

DATE RECEIVED

JUN 18 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No.

656-137

OCT 17 1956

JUL 10 1956

### 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

*Elgin Mc Mickle*

Licensed Embalmer No. 4695

P. O. Address

*Charleston*

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.