

FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

137

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 5059 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Aurora R-2 Oak</u> Inside Limits Yes ☐ No ☐				c. CITY OR TOWN <u>Aurora</u> Inside Limits Yes ☐ No ☐			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7 MILES SOUTH OF AURORA</u> Length of stay in 1b				d. STREET ADDRESS (If outside, give location) <u>7 MILES SOUTH</u> Reside on Farm Yes ☐ No ☐			
3. NAME OF DECEASED (Type or print) First <u>HELVETTA</u> Middle <u>ATKISSON</u> Last <u>ATKISSON</u>				4. DATE OF DEATH <u>JAN 7-1957</u> Month <u>JAN</u> Day <u>7</u> Year <u>1957</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH <u>OCT-1-1870</u>	
9. AGE (In years last birthday) <u>86</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and state or country) <u>ELKES COUNTY TENN</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13. FATHER'S NAME <u>L. T. JIMMAY</u>			
14. MOTHER'S MAIDEN NAME <u>SEMIKAMIS RAGIN</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NONE</u>			
16. SOCIAL SECURITY NO. <u>NONE</u>				17. INFORMANT <u>Flavel ATKISSON Aurora R-2</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis with</u> <u>decompensation & Pulmonary edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Secondary Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Secondary Hypertension</u>						INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>years</u>	
20a. ACCIDENT ☐		SUICIDE ☐		HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter name of injury in Part I or Part II of item 18.) <u>4221</u>	
20c. TIME OF INJURY Hour <u>8:00</u> Month <u>Jan</u> Day <u>7</u> Year <u>1957</u> a. m. <u>p. m.</u>		20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Aurora, Mo</u>	
20g. COUNTY <u>Barry</u>		20h. STATE <u>Mo</u>		20i. CITY, TOWN, OR LOCATION <u>Aurora, Mo</u>		20j. COUNTY <u>Barry</u>	
20k. STATE <u>Mo</u>		20l. CITY, TOWN, OR LOCATION <u>Aurora, Mo</u>		20m. COUNTY <u>Barry</u>		20n. STATE <u>Mo</u>	
21. I attended the deceased from <u>Jan 7, 1957</u> to <u>Jan 7, 1957</u> and last saw her <u>alive</u> on <u>Jan 7, 1957</u> Death occurred at <u>8:00 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <u>Kenneth L. Beloy M.D.</u>			
22b. ADDRESS <u>Aurora, Mo</u>				22c. DATE SIGNED <u>1/8/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/10/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Chap Hill</u>		23d. LOCATION (City, town, or county) (State) <u>Aurora Mo R-2</u>	
24. FUNERAL DIRECTOR <u>Charles L. Marsh</u>		ADDRESS <u>1-11-57</u>		25. DATE RECD. BY LOCAL REG. <u>1-11-57</u>		26. REGISTRAR'S SIGNATURE <u>Mrs P.N. Cook</u>	

(Licensed Embalmer's Statement on Reverse Side)

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 157-4

DATE REC. 1-14-57

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 Myself....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Paul L. Marsh

Licensed Embalmer No. 38

P. O. Address Union

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.