

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1769

STATE FILE NUMBER

FILED JAN 28 1957

Registration District No. 169 Primary Registration District No. 5621 Registrar's No. 5

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Doctor, coroner, etc. must use only standard nomenclature in items for no symptoms or diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

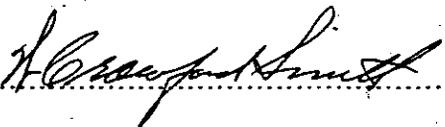
1. PLACE OF DEATH a. COUNTY <u>Knox</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>6 1/2 Mi. West of Edina</u> TOWN <u>on Highway #6</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hannibal</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>2107 Market</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>KENNETH</u> Middle <u>CAROL</u> Last <u>ATKINS</u>			4. DATE OF DEATH Month <u>January</u> Day <u>19</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>December 30, 1936</u>	9. AGE (In years last birthday) <u>20</u>	IF UNDER 1 YEAR Months <u>20</u> Days <u>20</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Motorola Corporation</u>		11. BIRTHPLACE (City and state or country) <u>Hannibal Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			13. FATHER'S NAME <u>Kenneth H Atkins</u>		
14. MOTHER'S MAIDEN NAME <u>Erma Nina Hancock</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO. <u>500 36 3554</u>		17. INFORMANT <u>Jenneth H. Atkins Hannibal Missouri</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>Medullary Paralysis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Extensive crushing cranial fracture</u>					<u>Immediate</u>
DUE TO (c) <u>Extrusion of brain</u>					<u>Immediate</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Passenger in auto which went over embankment on Hy</u>			
20c. TIME OF DEATH Hour <u>12:30</u> a. m. / Month <u>Jan</u> Day <u>19</u> Year <u>1957</u> p. m.		Deceased thrown from car and death was instantaneous.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.) <u>Hy 6 1/2 west of Edina</u>		20f. CITY, TOWN, OR LOCATION <u>west of Edina, Mo.</u>	
20g. COUNTY <u>Knox</u> STATE <u>Mo</u>		21. I attended the deceased from <u>after-death</u> , to _____ and last saw her/him alive on _____ Death occurred at <u>12:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R. W. Bradley</u>		22b. ADDRESS <u>Edina, Mo</u>		22c. DATE SIGNED <u>1-22-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan. 22, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u>	
23d. LOCATION (City, town, or county) <u>Hannibal Missouri</u>		23e. (State)			
24. FUNERAL DIRECTOR <u>W. H. ...</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 25-1957</u>		26. REGISTRAR'S SIGNATURE <u>Helle S. Hinolt</u>	

FEB 6 1957  
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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  .....

Licensed Embalmer No. 781

P. O. Address Hannibal, Mo.

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.