

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9538**

FILED APR 15 1957

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **4370** Registrar's No. **102**

1. PLACE OF DEATH a. COUNTY Wodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wodaway	
b. CITY OR TOWN Clearmont		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clearmont	
c. LENGTH OF STAY (In this place) 27 yrs		d. STREET ADDRESS (If rural, give location) 0740	
d. FULL NAME OF HOSPITAL OR INSTITUTION Walling Nursing Home			

3. NAME OF DECEASED (Type or Print) Ella America Atwood			4. DATE OF DEATH (Month) (Day) (Year) April 4, 1957		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 13, 1869		9. AGE (In years) 88
10a. USUAL OCCUPATION (Give kind of work during most of working life, or if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Sandy Hook, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm. H. Jarrell		13b. MOTHER'S MAIDEN NAME Marion J. Hunter		14. NAME OF HUSBAND OR LIFE E. O. Atwood	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) No		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Elmer Coy Farragut	
				ADDRESS Farragut	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema				INTERVAL BETWEEN ONSET AND DEATH 1 wk.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive Heart Failure				2 yrs
		DUE TO (c) Hypertension - Ar. Fib.				?
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? 2 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) (Min.)		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 **Mar 22, 1957**, to **April 7, 1957**, that I last saw the deceased alive on **April 3, 1957**, and that death occurred at **8:55 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Marion J. Farragut M.D.		23b. ADDRESS Clearmont, Mo.		23c. DATE SIGNED Apr 5-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 6, 1957		24c. NAME OF CEMETERY OR CREMATORY Farragut Cemetery	
24d. LOCATION (City, town, or county) (State) Clearmont, Iowa		DATE REC'D BY LOCAL REG. 4-12-57		REGISTRAR'S SIGNATURE Bess Holt	
25. FUNERAL DIRECTOR'S SIGNATURE P. E. Coudshell		ADDRESS Farragut, Mo.			

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

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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
Student Embalmer

Signed *P. E. Campbell*

Licensed Embalmer No. *939*

P. O. Address *Farragut Inc*

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 this body is not embalmed, fact should be so stated above.