

FILED JUN 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

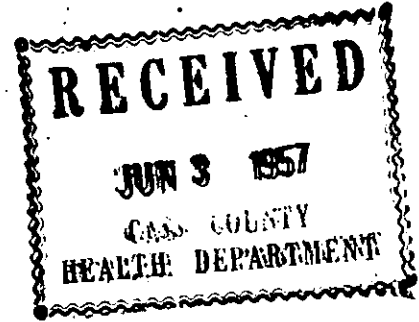
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State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>5226</u>		Registrar's No. <u>83</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Mt. Pleasant Twp.</u>		c. LENGTH OF STAY (in this place) (minutes) <u>minutes</u>		c. CITY OR TOWN <u>Hickman Mills</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0 1 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Richards-Gebaur A. F. B.</u>				STREET ADDRESS (If rural, give location) <u>9807 Kemper Road</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lowell</u> b. (Middle) <u>W.</u> c. (Last) <u>Atkinson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 20, 1957</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-26-14</u>	
9. AGE (In years last birthday) <u>43</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Store</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pittsburg, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Leslie Atkinson</u>			13b. MOTHER'S MAIDEN NAME <u>Elsie Beeman</u>		14. NAME OF HUSBAND OR WIFE <u>Lavona Atkinson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Lavona Atkinson, 9807 Kemper Rd. Mills, Mo.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Transverse Shock</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>multiple myeloma</u> DUE TO (c) <u>T onado</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9345</u>					INTERVAL BETWEEN ONSET AND DEATH <u>none</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>46</u>				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE <u>Mt. Pleasant Twp. Cass MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 20 57 7:45 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>T onado victim</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:45 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edward Janda (Crown)</u>				23b. ADDRESS <u>Pleasant Hill, Mo.</u>		23c. DATE SIGNED <u>5/21/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-24-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 27-1957</u>		REGISTRAR'S SIGNATURE <u>Dora Barward</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E.K. George &amp; Sons Inc, Grandview, Mo</u>			

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

JUN 7 1957  
JUN 5 1957



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 *Stirling E. Boardman*  
Licensed Embalmer No. *4911*  
P. O. Address *Grandview*

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.