

Health, Welfare, Public Service

300-560742

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 018 050
STATE FILE NUMBER

FILED JUN 11 1957

Registration District No. 281 Primary Registration District No. 3048 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway			
b. CITY (If outside corporate limits, give TOWNSHIP only) Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Clearmont		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) St. Francis Hosp.		Length of stay in 1b 3 days		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Edwin Orin Atwood			First Middle Last			4. DATE OF DEATH May 17, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 24, 1867	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Irie, Ill.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Christopher C. Atwood				14. MOTHER'S MAIDEN NAME Hanna Burwell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Edwin Cox Farragut, Ia.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Bronchopneumonia 2 days DUE TO (b) Distal fracture of ft. femur 3 days DUE TO (c) 9027 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic Myocarditis 45						INTERVAL BETWEEN ONSET AND DEATH 2 days	
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.) Fell out of bed					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Maryville, Mo.					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Clearmont Nodaway Mo.		COUNTY		STATE Iowa	
21. I attended the deceased from 5/14/57 to 5/17/57 and last saw him alive on 5/17/57 Death occurred at 4:30 A m on the date stated above and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (In legible or type) B. J. Bland M.D.				22b. ADDRESS Maryville Mo		22c. DATE SIGNED 6/7/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 19, 1957	23c. NAME OF CEMETERY OR CREMATORY Farragut Cemetery		23d. LOCATION (City, town, or county) (State) Farragut Iowa		
24. FUNERAL DIRECTOR Paul Campbell Farragut Ia.		ADDRESS Farragut Ia.		25. DATE RECD. BY LOCAL REG. 6-8-57		26. REGISTRAR'S SIGNATURE Beas Bolt	

(Licensed Embalmer's Statement on Reverse Side)

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 *Fred Campbell*

Licensed Embalmer No. *93*

P. O. Address *Paragon*

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.