

FILED AUG 14 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23688

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 485

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>		c. CITY OR TOWN <b>Poplar Bluff Rt 5</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Doctors</b>		d. STREET ADDRESS <b>Rt 5</b>	
3. NAME OF DECEASED (Type or print) <b>Lynn Charles Atwood</b>		4. DATE OF DEATH <b>Aug. 3 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 11, 1949</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>grade school</b>	11. BIRTHPLACE (City and state or country) <b>Cape Girardeau Mo</b>
13. FATHER'S NAME <b>Marvin Atwood</b>		14. MOTHER'S MAIDEN NAME <b>Elizabeth Houts</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Marvin Atwood Poplar Bluff, Mo.</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>multiple fractures</b> DUE TO (b) <b>with internal injuries</b> DUE TO (c) <b>8124</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>25</b>			INTERVAL BETWEEN ONSET AND DEATH
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.) <b>Hit by an automobile while crossing Highway 67 south</b>		
20c. TIME OF INJURY Hour <b>8:12</b> Month, Day, Year <b>8/25</b> a. m. p. m.	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 bldg., etc.) <b>Highway</b>	20f. CITY, TOWN, OR LOCATION <b>Butler Mo</b>
21. I attended the deceased from <b>4:30 PM</b> to <b>her</b> and last saw <b>him</b> alive on <b>8/8-57</b> Death occurred at <b>4:30 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Grover W Greer</b> (Degree or title)		22b. ADDRESS <b>Poplar Bluff Mo</b>	
22c. DATE SIGNED <b>8/8-57</b>		22d. LOCATION (City, town, or county) (State) <b>Butler Co. Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>AUG. 5/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Gardens</b>	23d. LOCATION (City, town, or county) (State) <b>Butler Co. Mo.</b>
24. FUNERAL DIRECTOR <b>McCorle-Gish Naylor, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8/10/57</b>	26. REGISTRAR'S SIGNATURE <b>B. H. Muehle</b>

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

AUG 12 1957

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 Bryan McC

Licensed Embalmer No. 40

P. O. Address May

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.