

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33179

STATE FILE NUMBER

FILED OCT 4 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8931

300
1-57 0

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri			b. COUNTY Wayne			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Patterson		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 04 BARNES HOSPITAL			Length of stay in lb	d. STREET ADDRESS 31 Rural		(If outside, give location) 110		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ROY			Middle L.	Last ATNIP		4. DATE OF DEATH Month SEPT. 21, 1957 Day Year			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 7, 1898		9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister			10b. KIND OF BUSINESS OR INDUSTRY Nazarene Church		11. BIRTHPLACE (City and state or country) Patterson, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME William Atnip			13b. MOTHER'S MAIDEN NAME Minnie Meader			14. NAME OF HUSBAND OR WIFE Margaret			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No.		16. SOCIAL SECURITY NO. 487-20-4835	17. INFORMANT Mrs. Margaret Atnip, Patterson, Mo.		Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIA							INTERVAL BETWEEN ONSET AND DEATH 2 MOS.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) MULTIPLE MYELOMA	DUE TO (c) 203x							
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 checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input 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.)						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Sept 11, 1957, to SEPT. 21, 1957 and last saw her him alive on SEPT. 21, 1957 Death occurred at 10:27 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>C. D. Nemiller, M.D.</i> (Physician or title)					22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 9/22/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-22-57	23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) Patterson, Mo.			(State)	
24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington.			25. DATE RECD. BY LOCAL REG. SEP 24 57		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> S.P.				

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

OCT 1 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 Elmer P. Cadwell

Licensed Embalmer No. 4077
P. O. Address St. Louis

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.