

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013450
STATE FILE NUMBER

FILED MAY 6 1958

Registration District No. 47 Primary Registration District No. 5158 Registrar's No. 105

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| 1. PLACE OF DEATH a. COUNTY Callaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Millersburg | | c. CITY OR TOWN Millersburg <u>0148</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence | | d. STREET ADDRESS RFD Fulton, Mo. (If outside, give location) | |
| Length of stay in 1b 20 yrs | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Mary Middle Frances Last Atkins | | | 4. DATE OF DEATH Month April Day 29 Year 1958 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> <u>2</u> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 2, 1876 |
| 9. AGE (In years last birthday) 81 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) housewife | 11. BIRTHPLACE (City and state or country) boone County Mo. |
| 10a. FATHER'S NAME Mathew Baumgartner | | 10b. KIND OF BUSINESS OR INDUSTRY at home | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. MOTHER'S MAIDEN NAME Mary Kaufman | | 14. NAME OF HUSBAND OR WIFE | |
| 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. no | 17. INFORMANT Address Iona Atkins Millersburg Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE FAILURE DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) 4500 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years |
| 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 type="checkbox"/> NO <input checked="" 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 a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 JAN 5, 1958 to APRIL 58 and last saw her alive on APRIL 21, 1958 Death occurred at 7:35 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE James E. Hice MD (Degree or title) | | 22b. ADDRESS Fulton Mo | |
| 22c. DATE SIGNED 5-3-58 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE May 1, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Millersburg | 23d. LOCATION (City, town, or county) (State) Millersburg Mo. |
| 24. FUNERAL DIRECTOR Marzipan Funeral Home ADDRESS Fulton Mo | | 25. DATE RECD. BY LOCAL REG. May-3-1958 | 26. REGISTRAR'S SIGNATURE Maretha Lawrence |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J. J. Ross*

Licensed Embalmer No. *2555*
P. O. Address *Quilley St*

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.