

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017664
State File No.

FILED MAY 19 1958

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 58

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

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>	c. CITY OR TOWN <u>Boonville</u> <u>0278</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>308 Morgan</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
a. STREET ADDRESS <u>308 Morgan</u>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EDNA</u>	b. (Middle) <u>MARIE</u>	c. (Last) <u>ATKINSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 10, 1958</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 17, 1893</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>64</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Theobald Schilb</u>	13b. MOTHER'S MAIDEN NAME <u>Christine Metz</u>	14. NAME OF HUSBAND OR WIFE <u>William Atkinson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>488324623</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs John Isle Glasgow, Missouri</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Inst</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Deafness</u> <u>Gunshot wound</u> <u>shred into heart</u>		
	DUE TO (b) <u>Deafness</u>		
	DUE TO (c) <u>shred into heart</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <u>981X</u>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Massacrer</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Name</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Boonville Cooper Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>5 10 58 11:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Gunshot wound</u>

22. I hereby certify that I attended the deceased from 10 18 1958, that I last saw the deceased alive on 19, and that death occurred at 11:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Deercraeyn</u>	23b. ADDRESS <u>Boonville Mo</u>	23c. DATE SIGNED <u>2/12/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/14/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Boonville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5/13/58</u>	REGISTRAR'S SIGNATURE <u>Hooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>B.W. Thacker Boonville, Mo.</u>
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MAY 22 1958

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 *Berry W. Hackett*

Licensed Embalmer No. *394*

P. O. Address *Boonville*

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.