

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004794

STATE FILE NUMBER

FILED MAR 3 1959

Registration District No. 59 Primary Registration District No. 4092 Registrar's No. 40

S. 300  
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Osage</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Osage</u>			
b. CITY OR TOWN <u>Archie, Everett township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Archie</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At his home</u>		Length of stay in lb <u>51 years</u>		d. STREET ADDRESS (If outside, give location) <u>5 miles N</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Millard Winfield Atkinson</u>				4. DATE OF DEATH Month Day Year <u>Feb. 14 1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 9 1874</u>		9. AGE (In years last birthday) <u>84</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Harrisonville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Allan Atkinson</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Kivett</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Jane Atkinson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <u>NO</u> or unknown)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Mrs. Bertha Atkinson Archie, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic PNEUMONIA</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>CARDIAC DECOMPENSATION</u> DUE TO (c) <u>Post cerebral Hemorrhage</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>acute</u> <u>5-6 yr</u> <u>6-8 yr</u>	
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. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 <u>2/8/59</u> to <u>2/13/59</u> and last saw him alive on <u>2/13/59</u> Death occurred at <u>4 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Ed Marsh, D.O.</u>				22b. ADDRESS <u>2 Drexel, Mo</u>		22c. DATE SIGNED <u>2/16/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb. 16 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Orient Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Harrisonville, Mo.</u>	
24. FUNERAL DIRECTOR <u>Atkinson-Dickey</u>				ADDRESS <u>Harrisonville, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>2-18-59</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs Ray Sebrer</u>							

# 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 Robert Atkinson .....

Licensed Embalmer No. 4912 .....

P. O. Address Harmon, Wash.

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.