Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-010672
STATE FILE NUMBER

FILED MAR 20 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2281

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) WDA City Hosp No I — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) 2933a Chouteau — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First Fannie Middle Mae Last Atkins

4. DATE OF DEATH Month 3 Day 1 Year 59

5. SEX Female 3
6. COLOR OR RACE Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH Aug 12, 1903
9. AGE (In years last birthday) 55 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY House wife
11. BIRTHPLACE (City and state or country) Marianna Ark 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Abe Thomas
13b. MOTHER'S MAIDEN NAME Dubbie
14. NAME OF HUSBAND OR WIFE Tatum Atkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT Fack Thomas Address 2933a Chouteau

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction
contrib:-
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arrombosis terminal branches left coronary artery
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 WORK [ ] NOT WHILE AT WORK [ ]
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 7:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] 3
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 3/5/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Ship
23b. DATE 3-6-59
23c. NAME OF CEMETERY OR CREMATORY Marianna Ark
23d. LOCATION (City, town, or county) (State) Marianna, Ark.

24. FUNERAL DIRECTOR A A Burks ADDRESS 3506 Franklin
25. DATE RECD. BY LOCAL REG. MAR 5 '59
26. REGISTRAR'S SIGNATURE Hard Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 Leroy U. Bannister

Licensed Embalmer No. 4523

P. O. Address 4216 Washing

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.