

MURKIN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009512

FILED VS MAR 8 1960

336

356

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Shannon</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Birch Tree</i>		a. STATE <i>Missouri</i>		b. COUNTY <i>Shannon</i>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home</i>		Length of stay in lb		c. CITY OR TOWN <i>Birch Tree</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS <i>Box 47 Route #2</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <i>Maude</i>		Middle <i>S.</i>		Last <i>Atkinson</i>		Month Day Year <i>February 25, 1960</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/>	Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3/12/88</i>	9. AGE (last birthday) <i>72</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>no housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Carroll Co., Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Um. Shrinkle</i>			13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Charles B. Atkinson</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Charles B. Atkinson Birch Tree, Mo.</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH <i>3 hrs.</i>	
IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i>							
DUE TO (b)							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input 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 a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <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 <i>Jan 29, 1960</i> to <i>Feb. 25, 1960</i> and last saw her <i>alive</i> on <i>Feb. 10, 1960</i> Death occurred at <i>7:00 am</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>S. Benjamin S.O.</i>				22b. ADDRESS <i>Birch Tree, Mo</i>		22c. DATE SIGNED <i>3/2/60</i>	
23a. BURIAL CREMATION, REMOVAL (Specify) <i>Cremation</i>		23b. DATE <i>2/29/60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Wadhalla Crematory</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>		
24. FUNERAL DIRECTOR <i>Duncan Funeral Home Mtn. View, Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>3-6-1960</i>		26. REGISTRAR'S SIGNATURE <i>Maude Rose</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard A. Norton

Licensed Embalmer No. 5029

P. O. Address Mt. View

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.