

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012204

FILED VS MAR 23 1960

Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 22

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Ripley				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri b. COUNTY Ripley			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doniphan			Length of stay in 1b 2 days		c. CITY OR TOWN West Doniphan		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Doniphan, Missouri		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle Thomas Last Atwood				4. DATE OF DEATH Month March Day 4 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/17/1874	9. AGE (last birthday) 85	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) Minister			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Trigg county Kentucky		
12. CITIZEN OF WHAT COUNTRY USA			13a. FATHER'S NAME Joseph L Atwood				
13b. MOTHER'S MAIDEN NAME Mary Jane Baker			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.		17. INFORMANT 135 S LaSalle St Benton Atwood Chicago, Ill.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Concussion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Car accident - front end + gun DUE TO (c) Interval BETWEEN ONSET AND DEATH 1 day							INTERVAL BETWEEN ONSET AND DEATH 1 day
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 checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) hit by truck -					
20c. TIME OF INJURY Hour 10:00 a.m. p.m. Month, Day, Year 3/3/60							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway	20f. CITY, TOWN, OR LOCATION West Doniphan		COUNTY Ripley	STATE Mo		
21. I attended the deceased from 3/3/60 to 3/4/60 and last saw her/him alive on 3/4/60 Death occurred at 10:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Frank C Johnson (Degree or title) MD				22b. ADDRESS Doniphan Mo		22c. DATE SIGNED 3/14/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/6/60	23c. NAME OF CEMETERY OR CREMATORY Hampton		23d. LOCATION (City, town, or county) Everton, Missouri			
24. FUNERAL DIRECTOR Edwards Funeral Home, Doniphan, Mo.			25. DATE RECD. BY LOCAL REG. 3-14-1960		26. REGISTRAR'S SIGNATURE Flava Broz		

(Licensed Embalmer's Statement on Reverse Side)

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

Gene Sharent

Licensed Embalmer No. *4809*

P. O. Address *Naylor, M*

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