

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 29 1960

60-030418

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4196

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in 1b <u>25 days</u>	c. CITY OR TOWN <u>Halden</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>St. Joseph Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Route 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
BURNIS GILLILAND ATKINS AUG. 13 1960

5. SEX M 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 8/5/1893 9. AGE (last birthday) 67  
 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.  
0 0 0 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Runn Farm 11. BIRTHPLACE (City and state or country) Halden Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Atkins 13b. MOTHER'S MAIDEN NAME Jennie Gilliland 14. NAME OF HUSBAND OR WIFE Juell Atkins

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. 490-42-9762 17. INFORMANT Address Juell Atkins Halden Mo

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 Hemorrhage  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombocytopenia  
 DUE TO (c) Multiple Myeloma  
 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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  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 Month, Day, Year  
 a.m. p.m.

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 7-20-60 to 8-13-60 and last saw her alive on 8-13-60  
 'Death occurred at 115 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. K. Skellman M.D. 22b. ADDRESS Kansas City, Mo. 22c. DATE SIGNED 8-13-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 8-15-60 23c. NAME OF CEMETERY OR CREMATORY New Liberty Cem 23d. LOCATION (city, town, or county) (State) Halden Mo

24. FUNERAL DIRECTOR Conaday + Rago ADDRESS Halden Mo 25. DATE RECD. BY LOCAL REG. 8-16-60 26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF R. K. Skellman

AUG 29 1960

JAN 24 1961

**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 W. R. Maday

Licensed Embalmer No. 3434

P. O. Address Helden

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