

VITAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035354
STATE FILE NUMBER

FILED SEP 29 1960

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) Lexington		Length of stay in lb 3 days	c. CITY OR TOWN Henriette Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lex. Memorial H osp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2 mile sw Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Misha Middle Mabel Last Atwood			4. DATE OF DEATH Month August Day 17 , Year 1960	
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5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov 22-92	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or country) Wellington, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Earl Joseph Johnson	13b. MOTHER'S MAIDEN NAME Nina Moore	14. NAME OF HUSBAND OR WIFE George Matthew Atwood
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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. 486-36-9724	17. INFORMANT George Matthew Atwood Address Henrietta Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Hydrocephalus		INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Acute Lymphomeningitis	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetic Oedosis		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	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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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
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21. I attended the deceased from 1953 to Aug. 17-1960 and last saw her alive on Aug 17, 1960
Death occurred at 10 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>De W Ward md</i> (Degree or title)	22b. ADDRESS <i>Lexington Mo</i>	22c. DATE SIGNED <i>9-7-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-20-60	23c. NAME OF CEMETERY OR CREMATORY Machpelah Cemetery	23d. LOCATION (City, town, or county) Lexington, Mo.
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24. FUNERAL DIRECTOR Vaughn-walker ADDRESS Lexington, Mo.	25. DATE RECD. BY LOCAL REG. 9-5-60	26. REGISTRAR'S SIGNATURE <i>Wm E Eastbrook</i>
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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 W. R. Vaughn

Licensed Embalmer No. 802

P. O. Address Weston

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.