

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037420

FILED VS NOV 14 1960

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Registration District No. Primary Registration District No. 3006

Registrar's No. 624

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 42 days		c. CITY OR TOWN McCredie		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri University Medical Center				d. STREET ADDRESS (If outside, give location) R. R. 1.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Gerardine Smith Atkinson				4. DATE OF DEATH Month Day Year November 10 1960			
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 11/19/17	9. AGE (last birthday) 42	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) McCredie, Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Edgar Smith			13b. MOTHER'S MAIDEN NAME Nellie Muir		14. NAME OF HUSBAND OR WIFE Raymond Roy Atkinson		
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 Hospital Chart - M.U. Medical Center Columbia, 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) Respiratory Inefficiency & Hypertension DUE TO (b) Carcinoma of left Mastoid with Metastases DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH one day 4 months
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 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.)					
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 9-29-60 to 11-10-60 and last saw her ^{her} _{him} alive on 11-10-60							
Death occurred at 10:35 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Howard Hatley M.D.				22b. ADDRESS University Med Center		22c. DATE SIGNED 11-11-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-13-60	23c. NAME OF CEMETERY OR CREMATORY Callaway Mem. Hs.		23d. LOCATION (City, town, or county) (State) Callaway Co. Mo.			
24. FUNERAL DIRECTOR Maupin Funeral Home, Fulton, Mo			25. DATE RECD. BY LOCAL REG. Nov 11-60		26. REGISTRAR'S SIGNATURE Miss RE Palmer		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 23 1960

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 Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Fulton, Va

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.