

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-023904

STATE FILE NUMBER

AMENDED

FILED AUG 15 1961 Primary Registration District No. 3002 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Boone			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico			Length of stay in lb 3 days		c. CITY OR TOWN Centralia		Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Co. Hospital			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First Middle Last Thelma Hartgrove Atkins				4. DATE OF DEATH Month Day Year August 8, 1961			
5. SEX Female	6. COLOR OR RACE Caucasian	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH May 9, 1904	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months 2 Days 29	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking		11. BIRTHPLACE (City and state or country) Monroe Co. Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Isaac Hartgrove			13b. MOTHER'S MAIDEN NAME Martha Lambert			14. NAME OF HUSBAND OR WIFE W. Lindsay Atkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mr. W. L. Atkins Centralia, 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) Carcinomatosis DUE TO (b) Carcinoma ovary DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 3 months 6 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. ☐ 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 a.m. p.m. Month, Day, Year, 							
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 Aug 6, 1961 to Aug 8, 1961 and last saw her alive on Aug 8, 1961 Death occurred at 11 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Ernest J. Yent MD				22b. ADDRESS Mexico, Mo		22c. DATE SIGNED 8-9-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-10-61		23c. NAME OF CEMETERY OR CREMATORY Glendale Gardens		23d. LOCATION (City, town, or county) (State) Centralia, Missouri	
24. FUNERAL DIRECTOR ADDRESS Blue & Meador - Centralia, Mo.				25. DATE RECD. BY LOCAL REG. Aug 10 - 1961		26. REGISTRAR'S SIGNATURE Blanche Neely	

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Bill J. Meador

Licensed Embalmer No. 4876

P. O. Address Centerville, Miss.

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.