

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

18 -62-011965

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 322

Primary Registration District No. 4326

Registrar's No. 4326

FILED MAR 23 1962

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Olean		Length of stay in 1b years	c. CITY OR TOWN Olean
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First Sammie Middle Starling Last Atkin		4. DATE OF DEATH Month March Day 14 Year 1962	
5. SEX male	6. COLOR OR RACE caucasian	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 9/18/13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 48
11. BIRTHPLACE (City and state or country) Olean, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Robert Atkin		13b. MOTHER'S MAIDEN NAME Nannie B. Starling	
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. none	
17. INFORMANT Nannie B. Renken		Address Olean, 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 Haemorrhage DUE TO (b) Hypertension & Arteriosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 36 hrs
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.) 1950	20f. CITY, TOWN, OR LOCATION Mch 14, 1962		
21. I attended the deceased from 1950 to Mch 14, 1962 and last saw him alive on Mch 13, 1962		Death occurred 3:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE E. O. Shelton M.D. (Degree or title)		22b. ADDRESS Eldon, Mo.	
22c. DATE SIGNED Mch 16 '62			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3/16/62	23c. NAME OF CEMETERY OR CREMATORY Olean	23d. LOCATION (City, town, or county) (State) Olean Missouri
24. FUNERAL DIRECTOR Phillips Funeral Home		25. DATE RECD. BY LOCAL REG. Mar 16, 1962	26. REGISTRAR'S SIGNATURE Alveretta Wall

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 Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Eldon

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.