

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033318

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 323 Primary Registration District No. 6091 Registrar's No. 46

VS 300
Rev. 4/59

10970

20970

3

4 0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>SALINE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural RR #2</u>		Length of stay in lb <u>23 yrs.</u>	c. CITY OR TOWN <u>Sweet Springs</u> Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hwy. Accident</u>		Inside Limits Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location) <u>RR 2</u> Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First <u>HENRY</u> Middle <u>TURONE</u> Last <u>Atwood</u>		4. DATE OF DEATH Month <u>Aug.</u> Day <u>19</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>6/11/1939</u> 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Shelboille Mo</u>
13a. FATHER'S NAME <u>EARL J. Atwood</u>		13b. MOTHER'S MAIDEN NAME <u>JENNIE L. MENEGALL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes 1958-1960</u>		16. SOCIAL SECURITY NO. <u>497-42-6063</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Skull fracture of Right</u> <u>Temp. & Mary Multiple Fractures</u> <u>and lacerations</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Skull fracture of Right</u> DUE TO (c) <u>Temp. & Mary Multiple Fractures and lacerations</u>		17. INFORMANT <u>John J. Atwood Sweet Springs Mo</u> Address <u>Sweet Springs Mo</u> INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u>	
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.) <u>CAR ACCIDENT ON Hwy. 40 West of Sweet Springs</u>	
20c. TIME OF INJURY Hour <u>4</u> a.m. <u>8-19-62</u> 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 <u>Sweet Springs, Mo.</u>
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>John J. Atwood</u> (Degree or title) 22b. ADDRESS <u>Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8/21/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW</u>	23d. LOCATION (City, town, or county) (State) <u>Sweet Springs, Mo.</u>
24. FUNERAL DIRECTOR <u>Jane Miller Sweet Springs Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 20, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Mary Moseley</u>

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

NOV 14 1962

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 Gene Y Smith

Licensed Embalmer No. 4783

P. O. Address Sweet Springs, Mo.

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.