

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-039290

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 172 Primary Registration District No. 3033 Registrar's No. 191

FILED NOV 5 1962

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u>		c. CITY OR TOWN <u>Lebanon</u>	
Length of stay in lb <u>9 days</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wallace Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>R.R.# 4</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
(Type or print) David Andrew Atkins Oct. 26, 1962

5. SEX male 6. COLOR OR RACE white 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐ 8. DATE OF BIRTH 9/16/1884 9. AGE (last birthday) 78

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Telegrapher Rail Road Audrain Co. Mo 10b. KIND OF BUSINESS OR INDUSTRY U. S. A. 11. BIRTHPLACE (City and state or country) U. S. A. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME David J. Atkins 13b. MOTHER'S MAIDEN NAME Rebecca Taubee 14. NAME OF HUSBAND OR WIFE Grace Atkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. 702-07-0029 17. INFORMANT Farron Atkins Address Lebanon 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) <u>arterio. sclerotic heart disease</u>	INTERVAL BETWEEN ONSET AND DEATH <u>10 days.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b)	
DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease and condition given in PART I (a) Phlebitis, Veins left leg

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 Lebanon, Mo COUNTY Laclede STATE Missouri

21. I attended the deceased from 6/29/62 to 10/26/62 and last saw him alive on Oct 26, 1962

Death occurred at 10:45 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J H Johnson (Degree or title) MD 22b. ADDRESS Lebanon, Mo 22c. DATE SIGNED 10/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10/28/62 23c. NAME OF CEMETERY OR CREMATORY City Cemetery 23d. LOCATION (City, town, or county) Lebanon, Mo. (State)

24. FUNERAL DIRECTOR Dorsey M. Howe ADDRESS Lebanon Mo. 25. DATE RECD BY LOCAL REG. 10-28-1962 26. REGISTRAR'S SIGNATURE Hella S. Day

NOV 28 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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.

Embalmed 10-28-1962 D. L. D.