MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046297

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 478

FILED DEC 21 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City — Length of stay in 1b: 3 hours
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Memorial Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Miller
c. CITY OR TOWN: Eldon — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 323 North Oak — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First John — Middle Hayden — Last Atkin

4. DATE OF DEATH: Month December — Day 10, — Year 1962

5. SEX: male
6. COLOR OR RACE: caucasian
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 6/5/02
9. AGE (last birthday): 60 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): milk processer
10b. KIND OF BUSINESS OR INDUSTRY: Kraft Foods
11. BIRTHPLACE (City and state or country): Olean, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Robert G. Atkin
13b. MOTHER'S MAIDEN NAME: Savilla Snodgrass
14. NAME OF HUSBAND OR WIFE: Mayme Katheryn Atkin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of servic[illegible]
16. SOCIAL SECURITY NO.
17. INFORMANT: Mayme Atkin, Eldon, Missouri — Address

18. CAUSE OF DEATH (Enter only one cause per line f[illegible]

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): Cerebral hemorrhage — 3 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): arteriosclerosis and — years

DUE TO (c): arterial hypertension — years

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 Dec 10/62, to Dec 10/62 and last saw her/him alive on Dec 10/62
Death occurred at 10:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lucian A Taylor M.D.
22b. ADDRESS: Jefferson City
22c. DATE SIGNED: 12-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 12/12/62
23c. NAME OF CEMETERY OR CREMATORY: Olean
23d. LOCATION (City, town, or county) (State): Olean, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Phillips Funeral Home, Eldon, Mo.
25. DATE RECD. BY LOCAL REG.: 13 December 1962
26. REGISTRAR'S SIGNATURE: R.P. Dorris, M.D. — N. Richter, Dep.

(Licensed Embalmer's Statement on Reverse Side)

MAR 20 1963

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 Dan 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.