

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047703

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 57

FILED JAN 15 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

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 Eldon		Length of stay in lb years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Linda Lane		Inside Limits Yes ☒ No ☐	
d. STREET ADDRESS Linda Lane		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Max Middle Walter Last Atkin		4. DATE OF DEATH Month December Day 31 Year 1962	
5. SEX male	6. COLOR OR RACE caucasian	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 8/14/11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic		10b. KIND OF BUSINESS OR INDUSTRY Olean, Missouri	
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) WW II		16. SOCIAL SECURITY NO. 483-05-8415	
17. INFORMANT Sylvia Atkin, Eldon, Missouri		17. ADDRESS Sylvia Atkin, Eldon, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis Primary Brain. DUE TO (b) Classification not determined DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 4 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 Eldon Mo.		COUNTY Miller STATE Mo.	
21. I attended the deceased from 1960 , to Dec 31 1962 , saw him alive on Dec 31 1962 . Death occurred at 6:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE E. O. Fulton M.D. (Degree or title)	
22b. ADDRESS Eldon Mo.		22c. DATE SIGNED Jan 31 1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1/3/63	
23c. NAME OF CEMETERY OR CREMATORY Olean		23d. LOCATION (City, town, or county) Olean, Missouri	
24. FUNERAL DIRECTOR Phillips Funeral Home, Eldon, Mo.		25. DATE RECD. BY LOCAL REG. Jan 3, 1963	
26. REGISTRAR'S SIGNATURE Alveretta Wall		26. ADDRESS Eldon, Mo.	

JAN 16 1963

APR 3 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 Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Ellettsville

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.