

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002736

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 242

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0781

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DATE AMENDED

2/15/63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

March 7, 1962

SHOULD READ

March 7, 1963

ITEM NO.

DOCUMENT *Changing dated 1910-3-7-1963*
BY AFFIDAVIT OF *superintendent*

FILED JAN 17 1963

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pemiscot Memorial Hosp Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY New Madrid
c. CITY OR TOWN Conran Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
John W. Atkins
4. DATE OF DEATH Month Day Year
January 8 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 3/7/1882 9. AGE (last birthday) 80 IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Greenville, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Guy Atkins 13b. MOTHER'S MAIDEN NAME Jennie McBride 14. NAME OF HUSBAND OR WIFE Mary Pikey Atkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)
16. SOCIAL SECURITY NO. 17. INFORMANT Address
Mrs. Mary Atkins Conran, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Complete heart block INTERVAL BETWEEN ONSET AND DEATH seconds
DUE TO (b) HCU D 20 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)

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 Month, Day, Year
a.m. p.m.

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
Oct. 1955 Jan 63 Jan 63

21. I attended the deceased from Oct. 1955 to Jan 63 and last saw him alive on Jan 63
Death occurred at Portageville, Mo. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Dress or title) R. S. Smith M.D. 22b. ADDRESS Portageville, Mo. 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1/10/1963 23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetary 23d. LOCATION (City, town, or county) (State) New Madrid Missouri

24. FUNERAL DIRECTOR ADDRESS DeLisle Funeral Home Portageville Mo. 25. DATE RECD. BY LOCAL REG. 1-12-63 26. REGISTRAR'S SIGNATURE Charlotte E. Sloan

USE BLACK INK OR TYPEWRITER RIBBON

JAN 18 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 Joseph A. English

Licensed Embalmer No. 4481

P. O. Address Portageville 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.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 11/18/2010 BY 60322 UCBAW/STP/STP