

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-019299

STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 5176 Registrar's No. 29

FILED JUN 7 1963

DO NOT WRITE
ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Camden	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Angaze		c. CITY OR TOWN Stoutland	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Stoutland Rt # 1		d. STREET ADDRESS (If outside, give location) Rural Rt #1	
3. NAME OF DECEASED (Type or print) First Carrie Middle Blanche Last Atwood		4. DATE OF DEATH Month May Day 31 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 8-20-1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Nebraska	
13a. FATHER'S NAME JAMES BAXTER HUFFMAN		13b. MOTHER'S MAIDEN NAME Leota A. Adkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Lee Atwood Stoutland Rt #1 Missouri		14. NAME OF HUSBAND OR WIFE Luther Atwood	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Coronary occlusion DUE TO (c) arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 2 wks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Stroke 10 yrs prior		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 10:00 a.m. 10:00 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 Richland, Missouri
21. I attended the deceased from May 12 - 63 to May 21 and last saw her alive on May 31 - 63 Death occurred at P m on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED 5/31/63	
22a. SIGNATURE [Signature] (Degree or title) DO		22b. ADDRESS Richland, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 3, 1963	23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery	23d. LOCATION (City, town, or county) (State) Richland, Pulaski Mo
24. FUNERAL DIRECTOR Moss-Williams Richland, Missouri		25. DATE RECD. BY LOCAL REG. June 3-1963	26. REGISTRAR'S SIGNATURE Zilpha J. Inaw

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 7 1961

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 Clarence Moore

Licensed Embalmer No. 4896

P. O. Address Waynesville, N.C.

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.