

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0050950

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 7

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300

Rev. 4/59

1/16/64

206-41

3-1

4-1

5-3

6

7-0

8-2

9-200

10

11

12-90.0

13-10

USE BLACK INK
OR
TYPEWRITER RIBBON

DATE/AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Maconb. CITY (If outside corporate limits, give TOWNSHIP only)
MaconLength of stay in 1b
1 yr.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 310 N. RubeyInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Maconc. CITY OR TOWN MaconInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
310 N. RubeyReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Ruby Middle Ellen Last Atkins4. DATE OF DEATH
Month Dec. Day 31 Year 1963

5. SEX

Female6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
Aug 15, 18979. AGE (last birthday)
66IF UNDER 1 YEAR
Months 66 Days 6610a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer F.M. Stumper Co.10b. KIND OF BUSINESS OR INDUSTRY
—11. BIRTHPLACE (City and state or country)
Randolph County Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

William Taylor

13b. MOTHER'S MAIDEN NAME

Sarah Moore

14. NAME OF HUSBAND OR WIFE

No.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No.

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

No.

17. INFORMANT

Harry Atkins Address Anabel. 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)

Acute Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

(In her sleep)

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

DUE TO (b)

Arteriosclerotic Heart Disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Systemic Virus Infection

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. 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 None to None and last saw her alive on (dead on arrival)
Death occurred at App. 2:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

James E. Campbell, M.D.

(Degree or title)

22b. ADDRESS

Macon, Mo.

22c. DATE SIGNED

1/10/64

23a. BURIAL, CREMATION, or REMOVAL (Specify)

Burial

23b. DATE

1/2/1964

23c. NAME OF CEMETERY OR CREMATORY

Mt Salem Cem.

23d. LOCATION (City, town, or county)

Excelsior, Mo.

(State)

24. FUNERAL DIRECTOR

Lester Hutton

ADDRESS

Macon, Mo.

25. DATE RECD. BY LOCAL REG.

1-12-64

26. REGISTRAR'S SIGNATURE

Ruth McNeely

(Licensed Embalmer's Statement on Reverse Side)

JAN 30 1984

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 _____

Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.