

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 529

FILED OCT 30 1951

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 3023

0422

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Springfield</u> | |
| c. LENGTH OF STAY (in this place) <u>1 wk</u> | | d. STREET ADDRESS (If rural, give location) <u>R# 1. Calhoun</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LEWIS</u> | b. (Middle) | c. (Last) <u>ATWELL</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 22 1951</u> |
|--|-------------|-------------------------|--|

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|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|-----------------------|-----------------------|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Dec 31, 1873</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Hours | IF UNDER 2 MINS. Min. |
|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|-----------------------|-----------------------|

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|---|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Henry County Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|---|-----------------------------------|--|---|

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|---|---|---|
| 13a. FATHER'S NAME <u>James L. Atwell</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret Edwards</u> | 14. NAME OF HUSBAND OR WIFE <u>Etta Jennings Atwell</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>John Atwell</u> | ADDRESS <u>Clinton Missouri</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|---|

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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from Oct. 13, 1951, to Oct. 22, 1951, that I last saw the deceased alive on Oct. 22, 1951, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

| | | |
|--|---------------------------------------|---------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>James Smith M.D.</u> | 23b. ADDRESS <u>Clinton, Missouri</u> | 23c. DATE SIGNED <u>Oct. 22, 1951</u> |
|--|---------------------------------------|---------------------------------------|

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|---|---------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u> | 24b. DATE <u>10-24-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u> | 24d. LOCATION (City, town, or county) (State) <u>Henry County Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Oct 24 51</u> | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | 402 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston-Turner, Windsor, Mo.</u> | ADDRESS |
|---|---|-----|---|---------|

RECEIVED OCT 29 1951
DISTRICT HEALTH OFFICE No. 3

District File Number _____
Date Filed OCT 29 1951

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
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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 this body is not embalmed, fact should be so stated above.