

No. 300
10.48

FILED DEC 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37174

BIRTH NO. _____ REG. DIST. NO. 131- PRIMARY REG. DIST. NO. 5506 Registrar's No. 82

04220

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

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater Rural		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wreck. on Highway no 13		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Lester Warren Atkins			4. DATE OF DEATH Nov, 26, 1954		
a. (First)		b. (Middle)	c. (Last)		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec, 12th 1932		9. AGE (In years last birthday) 21	10. MONTH 11	11. DAY 14	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY High School		11. BIRTHPLACE (City and State or Foreign Country) Lowery City Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Elmer Atkins		13b. MOTHER'S MAIDEN NAME Wilma Bray		14. NAME OF HUSBAND OR WIFE XXXXXX	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes Military Trainee		16. SOCIAL SECURITY NO. 38.2492		17. INFORMANT'S SIGNATURE OR NAME Mrs Elmer Atkins Deepwater mo		ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Car wreck - Burned Complete				INTERVAL BETWEEN ONSET AND DEATH Sudden	
		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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) automobile		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #13		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lowery City Henry Mo	
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21d. TIME OF INJURY 11 - 26 - 54 7:00 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4 way car wreck	
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22. I hereby certify that I attended the deceased from DOA, 1954, to DOA, 1954, and that death occurred at 7 P. M., from the causes and on the date stated above.

23a. SIGNATURE R J Powell, W.O. Coroner		23b. ADDRESS Clinton Mo		23c. DATE SIGNED 11-26-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 28th 54		24c. NAME OF CEMETERY OR CREMATORY Landaker Cemetery		24d. LOCATION (City, town, or county) (State) East Lowery City Mo	
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DATE REC'D BY LOCAL REG Nov 28-54		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE Tom Street		ADDRESS Deepwater Mo	
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(Licensed Embalmer's Statement on Reverse Side)

FEB 4 1954

FEB 3 1954

FEB 9 1954

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 *Tom Stewart*

Licensed Embalmer No. 2782

P. O. Address *Deepwater Md*

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.