

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15274

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4212 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Blairstown</b>	c. LENGTH OF STAY (In this place) <b>45 yrs.</b>	c. CITY OR TOWN <b>Blairstown</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Blairstown, Missouri</b>		STREET ADDRESS (If rural, give location) <b>0420</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Maude</b> b. (Middle) <b>Josephine</b> c. (Last) <b>Atkins</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 20 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 5, 1876</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Johnson County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Adrian M Wall</b>	13b. MOTHER'S MAIDEN NAME <b>Matilda C. Hunt</b>	14. NAME OF HUSBAND OR WIFE <b>Samuel Elliott Atkins</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mable Lowery, Blairstown, Missouri</b>	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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolus</b>	DUE TO (b) <b>Essential Hypertension</b>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	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 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1, 1955 to 5-20-55, that I last saw the deceased alive on 5-1-55, 1955, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>G.W. Moreland</b> (Degree or title) <b>Dr.</b>	23b. ADDRESS <b>Holden, Mo.</b>	23c. DATE SIGNED <b>5-21-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/22/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wall</b>	24d. LOCATION (City, town, or county) (State) <b>Blairstown, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>May 23-1955</b>	REGISTRAR'S SIGNATURE <b>Flourence Adair</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Cook Funeral Home, Chilhowee, Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300  
0.48

20  
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JUL 20 1933

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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.....  
Licensed Embalmer No. 4335

P. O. Address Chilhowee,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.