

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 24 1958

58-005278
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 5505 Registrar's No. 792

Health, Welfare, Public Service
300
1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All standard nomenclature in item 18. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN Blairstown Bogard		c. CITY OR TOWN Blairstown <u>0420</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Blairstown		d. STREET ADDRESS (If outside, give location) Blairstown	
3. NAME OF DECEASED (Type or print) First RUTH Middle RACHEL Last ATKINS		4. DATE OF DEATH Month Feb. Day 19 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 26, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY **	9. AGE (In years last birthday) 71
13. FATHER'S NAME Joseph Clay Raker		11. BIRTHPLACE (City and state or country) Johnson Co, Missouri	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. none		14. MOTHER'S MAIDEN NAME Lizzie Hall	
17. INFORMANT Mrs Jack Miller, Holden, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Embolism DUE TO (b) Hypostatic Pneumonia DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____			19. INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 332X	
20c. TIME OF INJURY _____ a. m. _____ p. m.		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
21. I attended the deceased from Jan 1 1958 to Feb 19 1958 and last saw her alive on Feb 18 1958 Death occurred at 6:04 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) G. W. Mordahl MD		22b. ADDRESS Holden Mo	
22c. DATE SIGNED 2-20-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/21/58	23c. NAME OF CEMETERY OR CREMATORY Holden	23d. LOCATION (City, town, or county) (State) Holden, Mo.
24. FUNERAL DIRECTOR Cook Funeral Home, Chilhowee, Mo		25. DATE RECD. BY LOCAL REG. 2-22-58	
ADDRESS _____		26. REGISTRAR'S SIGNATURE Mildred Bigum	

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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
J. Wood

Licensed Embalmer No. *43*
P. O. Address *Chilhow*

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.