

FILED DEC 13 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38645

State File No.

Registration District No. 187

Primary Registration District No. 5695-

Registrar's No. 120

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chula Rural

(c) Name of hospital or institution: Chula Rural

(If outside city or town limits, write "RURAL" and give location)

(d) Length of stay: In hospital or institution 75 hrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Livingston

(c) City or town Chula Rural

(d) Street No. 1 mi. S. of Chula

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME ADDISON W. ATKINS

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31-1943

year..... hour 11-30 minute..... A. M.

4. Sex m 5. Color or race W

6. (a) Single, widowed, married, 2 divorced

6. (b) Name of husband or wife Widow

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: July 21 1957

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1942 to Oct 31 1943

that I last saw him alive on Oct 18 1942

and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

86 3 10 hr. min.

Immediate cause of death: Arteriosclerosis

Duration

9. Birthplace Jacksonville, Ill. 1

(City, town, or county) (State or foreign country)

10. Usual occupation Ret. farmer

Due to.....

Due to..... 97

Other conditions..... (Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business.....

12. Name William Atkins

13. Birthplace Mo.

14. Maiden name Mary Gray

15. Birthplace Pa.

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant H. L. Boyles

(b) Address Chula Mo

17. (a) Burial (b) Date thereof Nov. 2-43

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mayhemel

18. (a) Signature of funeral director V. F. Robertson

(b) Address Farley, Mo

19. (a) Nov 8-1943 (b) H. O. L. Curry

(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature W. N. Mueggen (M. D. or other).....

Address St. Louis Mo Date signed Nov 5-43

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

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.....

John M. Robertson Registered Apprentice No. *355*
working under my personal supervision.

Signed *V. J. Robertson*

Licensed Embalmer No. *2468*

P.O. Address *Farede, 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.