

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

5817

State File No.

FILED FEB 23 1949

BIRTH NO. 390 REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 1142 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higbee Mo</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higbee Mo.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs Mary Atkins</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 12 1949</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 5 1872</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Randolph Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Samuel Metcalf</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Andrews</u>	14. NAME OF HUSBAND OR WIFE <u>Charley Atkins</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Charley Atkins</u>	ADDRESS <u>Higbee Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 DAYS</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</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) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19. DATE OF OPERATION	

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) <u>Higbee Rand Mo</u>
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 Jan 2, 1949, to Jan 12, 1949, that I last saw the deceased alive on Jan 12, 1949, and that death occurred at 11 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. Robinson D.O.</u>	23b. ADDRESS <u>Higbee, Mo.</u>	23c. DATE SIGNED <u>1-15-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 15 .49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland, Moberly Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
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DATE REC'D BY LOCAL REG. <u>J. W. Wynn MD</u>	REGISTRAR'S SIGNATURE <u>J. W. Wynn MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Burton Funeral Home</u>	ADDRESS <u>Higbee Mo</u>
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NS (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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

Student Embalmer No. 3987

working under my personal supervision.

Student
Student Embalmer

Signed

Marion E. Millison

Licensed Embalmer No. 3987

P. O. Address

Storley, 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.