

FILED FEB 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1584

State File No.

3510

BIRTH NO. _____ REG. DIST. NO. 165 PRIMARY REG. DIST. NO. 5602 Registrar's No. 1

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>CHILHOWEE TWP</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>05170 RURAL CHILHOWEE TWP</u> | |
| c. LENGTH OF STAY (in this place) <u>80 YRS</u> | | d. STREET ADDRESS (If rural, give location) <u>Route #2 Holden Mo</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt #2 Holden Mo</u> | | | |

| | | | | |
|-------------------------------------|------------------------|----------------------------|-------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>JOHN</u> | b. (Middle) <u>HASKINS</u> | c. (Last) <u>ATKINS</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | <u>JAN 2 1950</u> |

| | | | | | | |
|-----------------|---------------------------|---|-------------------------------------|---|--|--|
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Jan 24 1870</u> | 9. AGE (In years last birthday) <u>79</u> | if UNDER 1 YEAR Months <u>11</u> Days <u>8</u> | if UNDER 2 HRS. Hours <u></u> Min. <u></u> |
|-----------------|---------------------------|---|-------------------------------------|---|--|--|

| | | | |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u> | 11. BIRTHPLACE (State or foreign country) <u>Johnson Co. Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|---|---|---|---|

| | | |
|--|--|--|
| 13a. FATHER'S NAME <u>James B Atkins</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Elliott</u> | 14. NAME OF HUSBAND OR WIFE <u>Bernie Atkins</u> |
|--|--|--|

| | | | |
|--|-----------------------------------|--|-----------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Bernie Atkins Holden Mo</u> | ADDRESS <u></u> |
|--|-----------------------------------|--|-----------------|

| | | | |
|---|---|------|----------------------------------|
| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</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) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gen Arteriosclerosis</u> | | 4221 | |

| | | |
|------------------------------|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------|--|--|

| | | |
|--|--|---|
| 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) _____ |
|--|--|---|

| | | |
|---|--|----------------------------------|
| 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? _____ |
|---|--|----------------------------------|

22. I hereby certify that I attended the deceased from June 1, 1947, to Jan 2, 1950, that I last saw the deceased alive on Jan 1, 1950, and that death occurred at 4 P m., from the causes and on the date stated above.

| | | |
|--|-------------------------------|--------------------------------|
| 23a. SIGNATURE <u>Kelly Rawlins M.D.</u> (Degree or title) | 23b. ADDRESS <u>Holden Mo</u> | 23c. DATE SIGNED <u>1/4/50</u> |
|--|-------------------------------|--------------------------------|

| | | | |
|--|-----------------------------|---|--|
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan 3 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>New Liberty</u> | 24d. LOCATION (City, town, or county) (State) <u>Magnolia Mo</u> |
|--|-----------------------------|---|--|

| | | | |
|---|---------------------|---|--------------------------|
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Jan 5 1950</u> | REG. NO. <u>148</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Normie D. Haskins</u> | ADDRESS <u>Holden Mo</u> |
|---|---------------------|---|--------------------------|

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

APR 9 1953

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 M. J. Madans.....

Licensed Embalmer No. 3434.....

P. O. Address Holden, Mass.

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.