

FILED SEP 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32148

State File No. ....

XC Unknown REG. 88116

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **2179**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Calloway</b>		
b. CITY OR TOWN <b>Jefferson Barracks, Mo.</b>		c. LENGTH OF STAY (in this place) <b>9 days</b>	c. CITY OR TOWN <b>Fulton</b>		<b>0140</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Vet. Adm. Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>Route #4</b>		
3. NAME OF DECEASED (Type or Print) <b>SAMUEL</b>	a. (First)	b. (Middle) <b>M.</b>	c. (Last) <b>ATKINS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9-13-50</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>2-23-1892</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Calloway Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>J. J. Atkins</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Wood</b>		14. NAME OF HUSBAND OR WIFE <b>Lucy M. Atkins</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	(If yes, give war or dates of service) <b>WW-I</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA Hospital Records</b> ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchogenic carcinoma</b>	ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.	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.				<b>1162X</b>
19a. DATE OF OPERATION <b>9-9-50</b>	19b. MAJOR FINDINGS OF OPERATION <b>Bronchogenic carcinoma - right lung</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>9-5-50</b> , 19___, to <b>9-13-50</b> , 19___, and that death occurred at <b>9:15P m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Elvie P. Rodgers</b> (Degree or title) <b>M. D.</b>			23b. ADDRESS <b>VA Hospital, Jeff. Brks., Mo.</b>		23c. DATE SIGNED <b>9-14-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>9-14-50</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Fulton, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>SEP 14 1950</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	ADDRESS <b>4700 Washington Blvd.</b>		

(Licensed Embalmer's Space - See Reverse Side)

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

REC'D  
OCT 1 1950

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Elmer R. Padwell

Signed.....  
Student Embalmer

Licensed Embalmer No. 4077

P. O. Address.....

**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.