S. No. 300
v. 10-48

FILED NOV 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr 36318

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 5145 Registrar's No. 62

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1. PLACE OF DEATH
a. COUNTY: Caldwell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt 2nd Breckenridge
c. LENGTH OF STAY (in this place): 69 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 Mi S.E. of Breckenridge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Caldwell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt 2nd Breckenridge Mo 0130
d. STREET ADDRESS (If rural, give location): 3 Mi S.E. Breckenridge

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): Lee
c. (Last): Atkinson

4. DATE OF DEATH (Month) (Day) (Year): 11 - 6 - 50

5. SEX: M O
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 31, 1876
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 9, Days 5 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Breckenridge Mo O
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: George H.
13b. MOTHER'S MAIDEN NAME: Mary Francis Colvin
14. NAME OF ~~HUSBAND~~ OR WIFE: Ada Lee Atkinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: George Atkinson — ADDRESS: Breckenridge

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Spinal paralysis [illegible] — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): A fall. [illegible]
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cancer under [illegible] — 352X

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): in farm of home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Township do not know Caldwell Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Do not know

22. *I hereby certify that I attended the deceased from* Nov 1, 1950, *to* Nov 5, 1950, *that I last saw the deceased alive on* Nov 6, 1950, *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo Morse MRO
23b. ADDRESS: Lindsay Mo
23c. DATE SIGNED: Nov 13/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-8-50
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Breckenridge Mo

DATE REC'D BY LOCAL REG.: 11-22-50
REGISTRAR'S SIGNATURE: Mrs. Nell B. Jones 820
25. FUNERAL DIRECTOR'S SIGNATURE: G.R. Trammell — ADDRESS: Breckenridge Mo

(Licensed Embalmer's Statement on Reverse Side)

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

(40)

RECEIVED
NOV 27 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 G. R. Trammell

Licensed Embalmer No. 4425

P. O. Address Box 98 Brookfield

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.