

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18474

State File No. 102

BIRTH NO.		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>102</u>		Registrar's No. <u>102</u>		
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>OHIO</u> b. COUNTY <u>FRANKLIN</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		c. LENGTH OF STAY (in this place) <u>6 WEEKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		d. STREET ADDRESS (If rural, give location) <u>8340</u> <u>8</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT. 1, CARTHAGE</u>				d. STREET ADDRESS (If rural, give location) <u>RT 1, FRANKLIN</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ESTHER</u> b. (Middle) <u>MADELINE</u> c. (Last) <u>ATKINSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 14, 1953</u>					
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>AUG 13, 1907</u>		
9. AGE (In years last birthday) <u>45</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>WYANDOTTE, OKLAHOMA</u>		
11. BIRTHPLACE (State or foreign country) <u>WYANDOTTE, OKLAHOMA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>WILLIAM PRATER</u>		13b. MOTHER'S MAIDEN NAME <u>DOVIE CARROLL</u>		
13a. FATHER'S NAME <u>WILLIAM PRATER</u>		13b. MOTHER'S MAIDEN NAME <u>DOVIE CARROLL</u>		14. NAME OF HUSBAND OR WIFE <u>RALPH ATKINSON</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>		
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>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>RALPH ATKINSON, RT 1, FRANKLIN, OHIO</u>		ADDRESS <u>OHIO</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lungs</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma Left Breast</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 Months</u>  <u>1 1/2 Years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>170X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE-HOMICIDE (Specify)		
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) (Min.)		
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 <u>Sept. 5, 1951</u> , to <u>May 11, 1953</u> , that I last saw the deceased alive on <u>May 11, 1953</u> , and that death occurred at <u>10 p. m.</u> , from the causes and on the date stated above.		
23a. SIGNATURE <u>Ralph Atkinson</u>		23b. ADDRESS <u>607 Frisco Building Joplin, MO.</u>		23c. DATE SIGNED <u>5-15-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>5-18-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GAR CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MIAMI, OKLAHOMA</u>		
DATE REC'D BY LOCAL REG. <u>6-19-53</u>		REGISTRAR'S SIGNATURE <u>R. B. Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>		ADDRESS <u>JOPLIN, MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

490  
1

RECEIVED 5-21-53  
Jasper County Health Office

County File Number 53-5-446  
Date Filed 5-21-53

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. 466

Signed... *Jack Parker*  
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Joplin 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.