No. 300
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FILED OCT 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35732

State File No.

BIRTH NO. / REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Plains
c. LENGTH OF STAY (in this place): 30 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Stoll Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howell 0460 0
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hoccmo, Missouri
d. STREET ADDRESS (If rural, give location):

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

4. DATE OF DEATH (Month) (Day) (Year): 9 - 27 - 1953

5. SEX: F 1
6. COLOR OR RACE: wht
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W 2
8. DATE OF BIRTH: 11-12-1877
9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months 10 Days 15
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Benjamin Atkinson
13b. MOTHER'S MAIDEN NAME: Elizabeth
14. NAME OF HUSBAND OR WIFE: S

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give year or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Batesville Arkansas Funeral Home
ADDRESS: Batesville Ark.

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): Leukemia, lymphatic — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

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.: senility

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 2040
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-27, 1953, *to* 9-27, 1953, *that I last saw the deceased alive on* 9-27, 1953, *and that death occurred at* 2 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. B. Stoll (Degree or title) MD 0
23b. ADDRESS: West Plains Mo
23c. DATE SIGNED: 10-6-53

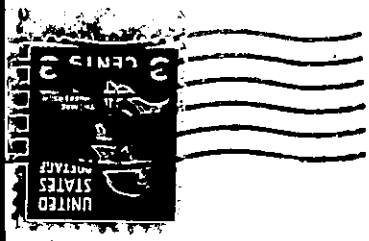
24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: 9-31-1953
24c. NAME OF CEMETERY OR CREMATORY: Hawkins Ridge Cem.
24d. LOCATION (City, town, or county) (State): Bakersfield, Missouri

DATE REC'D BY LOCAL REG.: 10-16-53
REGISTRAR'S SIGNATURE: Beatrice Cook 379 0
25. FUNERAL DIRECTOR'S SIGNATURE: Robertson
ADDRESS: West Plains, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

ROBERTSON'S FUNERAL HOME
WEST PLAINS, MISSOURI



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 R. L. Drago

Licensed Embalmer No. 4547

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.