

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2546**
Registrar's No. **0259**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 0259	
1. PLACE OF DEATH a. COUNTY St. Louis, Mo.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY			
b. CITY OR TOWN		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Concordia		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hospital				d. STREET ADDRESS (If rural, give location) 910 Broadway			
3. NAME OF DECEASED a. (First) George			b. (Middle) Wilson		c. (Last) Atwood		4. DATE OF DEATH (Month) (Day) (Year) 1 11 54
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 4, 1898		9. AGE (In years last birthday) 55	10. UNDER 1 YEAR Months	11. HOURS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machineist			10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac RR		11. BIRTHPLACE (City and State or Foreign Country) C Green Ridge, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Atwood			13b. MOTHER'S MAIDEN NAME Ida Trout		14. NAME OF HUSBAND OR WIFE Hazel Atwood		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 702-14-8694		17. INFORMANT'S SIGNATURE OR NAME Hosp. Records,			
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 Several months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. Glomerulonephritis						
	DUE TO (c)						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
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? 593X			
22. I hereby certify that I attended the deceased from Dec. 29, 1953, to Jan. 11, 1954 , that I last saw the deceased alive on Jan. 9, 1954 , and that death occurred at 5:45 A. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Raymond H. Charles, Jr., M.D.				23b. ADDRESS Mo. Pac. Hospital		23c. DATE SIGNED Jan. 11, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1-11-54	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Concordia, Kansas		
DATE REC'D BY LOCAL REG. JAN 11 1954		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Smith F. H., Concordia, Kansas			

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

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 *Ben G. Hoffmann*

Licensed Embalmer No. *4366*

P. O. Address *St. James 2*

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.