

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11119**

BIRTH NO. 12669-55 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 486

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Rural Washington</b> | c. LENGTH OF STAY (In this place)<br><b>Life</b> | c. CITY OR TOWN <b>Rural</b>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.F.D. # 6, St. Joseph</b>                           |  | f. STREET ADDRESS (If rural, give location) <b>R.F.D. # 6, St. Joseph</b>  |  |

|                                     |                         |                            |                          |  |
|-------------------------------------|-------------------------|----------------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>ALICE</b> | b. (Middle) <b>LUCILLE</b> | c. (Last) <b>ATKISON</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>May 11, 1955</b> |
|-------------------------------------|-------------------------|----------------------------|--------------------------|--|

|                      |                               |   |                                       |  |   |  |
|----------------------|-------------------------------|---|---------------------------------------|--|---|--|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b> | 8. DATE OF BIRTH <b>April 4, 1955</b> | 9. AGE (In years last birthday) <b>0</b> | IF UNDER 1 YEAR<br>Months <b>1</b> Days <b>12</b> | IF UNDER 24 HRS.<br>Hours <b></b> Min. <b></b> |
|----------------------|-------------------------------|---|---------------------------------------|--|---|--|

|   |   |  |  |
|---|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>None</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|---|---|--|--|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME <b>Jerry Atkison</b> | 13b. MOTHER'S MAIDEN NAME <b>Virginia Decker</b> | 14. NAME OF HUSBAND OR WIFE <b>None</b> |
|---|--|---|

|   |                                     |   |                         |
|---|-------------------------------------|---|-------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <b>No</b> | 16. SOCIAL SECURITY NO. <b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Jerry Atkison, Rt. # 6, St. Joseph</b> | ADDRESS <b>Missouri</b> |
|---|-------------------------------------|---|-------------------------|

|  |   |   |                                  |
|--|---|---|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |   | INTERVAL BETWEEN ONSET AND DEATH |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>          | Missouri  |                                  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  | DUE TO (b) <b>Acute respiratory infection</b>   |   | <b>3 days</b>                    |
|  | DUE TO (c) <b>Baby died suddenly at its home following a cold for about three days.</b> |   | <b>491 X</b>                     |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY?<br>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?                      |

22. I hereby certify that I ~~attest~~ <sup>viewed</sup> the deceased from on 5/11, 1955 to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

|  |                                     |                                 |
|--|-------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <b>H. F. Mundy, Coroner, M.D.</b> | 23b. ADDRESS <b>St. Joseph, Mo.</b> | 23c. DATE SIGNED <b>5/11/55</b> |
|--|-------------------------------------|---------------------------------|

|   |                              |   |   |
|---|------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>May 12, '55</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b> |
|---|------------------------------|---|---|

|  |  |  |                                |
|--|--|--|--------------------------------|
| DATE REC'D BY LOCAL REG. <b>May 13, 1955</b> | REGISTRAR'S SIGNATURE <b>Evelyn M. Allison</b> | FUNERAL DIRECTOR'S SIGNATURE <b>John E. Rupp</b> | ADDRESS <b>St. Joseph, Mo.</b> |
|--|--|--|--------------------------------|

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.....  
Signature of Student Embalmer

Signed..... *John E. Rupp*

Licensed Embalmer No. 398

P. O. Address..... *St. Joseph*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.