

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25319

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>918</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a.- STATE <u>Missouri</u>				b. COUNTY <u>Caldwell</u>	
b. CITY OR TOWN <u>St Joseph</u>		c. LENGTH OF STAY (in this place) <u>74-427 days</u>		c. CITY OR TOWN <u>Breckenridge</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 2</u>				e. STREET ADDRESS (If rural, give location) <u>Rural</u>				<u>01.39</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ray</u>			b. (Middle) _____		c. (Last) <u>Atkinson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 20-1955</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>March 19 1905</u>		9. AGE (In years last birthday) <u>50</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri Caldwell Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>J. N. Atkinson</u>			13b. MOTHER'S MAIDEN NAME <u>Della Saunders</u>			14. NAME OF HUSBAND OR WIFE _____			
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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. N. Atkinson</u>			ADDRESS <u>Breckenridge, Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
		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. <u>Mental Deficiency.</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4222.</u>						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? _____					
22. I hereby certify that I attended the deceased from <u>Jan 1, 1955, to Aug 20, 1955</u> , that I last saw the deceased alive on <u>Aug 19, 1955</u> , and that death occurred at <u>3 1/2 m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Harresh Thomas M.D.</u>				(Degree or title)		23b. ADDRESS <u>St Joseph Mo of State Hosp No 2</u>		23c. DATE SIGNED <u>8/20 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-22-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Breckenridge Cem</u>		24d. LOCATION (City, town, or county) <u>Breckenridge Mo</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>Aug 25, 1955</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>		485		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miss J. A. Federal Home</u>		ADDRESS <u>Breckenridge Mo.</u>	

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

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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 *Charles E. Bennett*

Licensed Embalmer No. *2677*

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.