

FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28480

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2006

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>St. Ann's Village</u>		c. CITY OR TOWN <u>St. Ann's Village</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>6 mons</u>		e. STREET ADDRESS (If rural, give location) <u>3717 St. Monica Lane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3717 St. Monica Lane</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Byrde</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Atkisson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 26th 1955</u>
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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>Feb. 12th 1890</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. 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>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Morley, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Thomas L. Bynum</u>	13b. MOTHER'S MAIDEN NAME <u>Elmira Goza</u>	14. NAME OF HUSBAND OR WIFE <u>Basil Atkisson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If you give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eleanor Atkisson</u>	ADDRESS <u>Above</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u>		<u>30 minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) _____		<u>1958</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Previous slight haemorrhage</u>		<u>1951</u>	

19a. DATE OF OPERATION <u>6/14/48</u>	19b. MAJOR FINDINGS OF OPERATION <u>Gallbladder disease - stones</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 June, 1938, to Aug 26, 1955, that I last saw the deceased alive on 8-19, 1955, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Shelley Stewart M.D.</u>	23b. ADDRESS <u>466 Maryland</u>	23c. DATE SIGNED <u>8/27/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-28-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Morley, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9/27/55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donah M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>JAY B. SMITH, Maplewood, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

28.

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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.....

Licensed Embalmer No. 40.....

P. O. Address Maple.....

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.