

FILED JAN 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 774

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>8</u>		
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Boonville</u>		c. LENGTH OF STAY (In this place) <u>1 Week</u>		c. CITY OR TOWN <u>Boonville</u>		d. 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>St. Joseph Hospital.</u>				e. STREET ADDRESS (If rural, give location) <u>R. F. D. 0270</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u>			b. (Middle) <u>W.</u>		c. (Last) <u>Atkinson.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 17 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 17 1876</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper County, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>William Atkinson</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Dickey</u>		14. NAME OF HUSBAND OR WIFE <u>Laura Haley Atkinson.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>495-40-2752</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Atkinson, Boonville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart & Pulmonary Edema</u>					INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Pneumo-Pneumonia, Cardiac Failure</u>			<u>2 days</u>			
DUE TO (c) <u>Post-Operative Prostatectomy State</u>		<u>6 days</u>						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION <u>1/12/56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Hypertrophy Prostate & Obstruction - 610x</u>				20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21. 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>1/2/56</u> , to <u>1/19/56</u> , that I last saw the deceased alive on <u>1/17/56</u> , and that death occurred at <u>9:00A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>E. J. Humphreys M.D.</u>				23b. ADDRESS <u>Boonville, Mo</u>		23c. DATE SIGNED <u>1/19/56</u>		
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>Jan. 19 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Boonville, Missouri.</u>			
DATE REC'D. BY LOCAL REG. <u>1/19/56</u>		REGISTRAR'S SIGNATURE <u>R. Hooper 381</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman & Boller, Boonville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 23 1958

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 *William W. Wood*.....

Licensed Embalmer No. 4539.....

P. O. Address Boonville, M.....

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.