

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21483**

FILED JUL 2 1956

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **88**

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY PIKE	
b. CITY OR TOWN LOUISIANA	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Garryville	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 Pike Co. Hospital		e. STREET ADDRESS (If rural, give location) 0820	

3. NAME OF DECEASED (Type or Print)	a. (First) BESSIE	b. (Middle) REED	c. (Last) ATKINSON	4. DATE OF DEATH (Month) (Day) (Year) JUNE 20 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 10th 1876	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 7 Days 10	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Pike Co, MO		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Frank M. Reed	13b. MOTHER'S MAIDEN NAME Matilda Chamberlain	14. NAME OF HUSBAND OR WIFE Festus Atkinson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 70	17. INFORMANT'S SIGNATURE OR NAME F. T. Atkinson	ADDRESS Garryville MO
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Hypertension		
	DUE TO (c) Arteriosclerosis - Hemorrhage brain Diarrhea		
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 None done	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3-9 1954** to **6-20 1956**, that I last saw the deceased alive on **6-19 1956**, and that death occurred at **12:05** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chamberlain M.D.	23b. ADDRESS Louisiana, Missouri	23c. DATE SIGNED 6-22-56
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24a. BURIAL OR CREMATION REMOVAL (Specify) Burial	24b. DATE June 22 1956	24c. NAME OF CEMETERY OR CREMATORY NEW HARBORLY	24d. LOCATION (City, town, or county) (State) PIKE CO. MO
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DATE REC'D BY LOCAL REG. June 22, 1956	REGISTRAR'S SIGNATURE Bernice Collier	25. FUNERAL DIRECTOR'S SIGNATURE GRACE BANKHEAD	ADDRESS Bowling
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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 *Harold C. Kiser*.....

Licensed Embalmer No. *45*.....

P. O. Address *Baltimore*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.