

FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25421  
Registrar's No. 10

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5783

1. PLACE OF DEATH  
a. COUNTY MILLER

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI b. COUNTY MILLER

b. CITY OR TOWN RURAL - Blaze c. LENGTH OF STAY (In this place) 71 yrs

c. CITY OR TOWN Kaiser d. In Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Hmi - E - Prewitt - Station

f. STREET ADDRESS (If rural, give location) Hmi - E - Prewitt - Station

3. NAME OF DECEASED  
a. (First) ANNIE b. (Middle) ATKISSON c. (Last) ATKISSON 4. DATE OF DEATH (Month) (Day) (Year) JUNE 28 1957

5. SEX Female 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 28 Oct - 1885 9. AGE (In years last birthday) 71

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife 10b. KIND OF BUSINESS OR INDUSTRY At-Home 11. BIRTHPLACE (City and State or Foreign Country) Miller - Co - Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME THOMAS - THOMPSON

13b. MOTHER'S MAIDEN NAME MARY - ANN -

14. NAME OF HUSBAND OR WIFE Salem James - H - ATKISSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME James - H - ATKISSON ADDRESS Kaiser Mo

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) Metastatic Carcinoma to Lung

INTERVAL BETWEEN ONSET AND DEATH 5 months

ANTECEDENT CAUSES  
MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.  
DUE TO (b) Primary Carcinoma left Breast

3 years

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION NONE

19b. MAJOR FINDINGS OF OPERATION NONE

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? NONE

22. I hereby certify that I attended the deceased from Jan 31, 1955, to June 28, 1957, that I last saw the deceased alive on June 27, 1957, and that death occurred at 9:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE Robert E. Menan D.O.

23b. ADDRESS Lake Ozark, Mo 23c. DATE SIGNED June 1957

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 30 June - 1957

24c. NAME OF CEMETERY OR CREMATORY New - Hope

24d. LOCATION (City, town, or county) (State) Miller - Co Mo

DATE REC'D BY LOCAL REG. July - 20 - 1957

REGISTRAR'S SIGNATURE Jessie Perkins

25. FUNERAL DIRECTOR'S SIGNATURE Keith M. Kay ADDRESS ELDON Mo

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

RECEIVED

AUG 5 '57

Miller County  
Health Department

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 *Keith M. Fays*  
Licensed Embalmer No. *399*  
P. O. Address *Eldon*

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.