

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35397

STATE FILE NUMBER

FILED NOV 4 1957

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1013-C

3. 300 D
1-57

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 8, 1904</u>		9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		11. BIRTHPLACE (City and state or country) <u>Webster Co, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Rogersville</u>		13a. FATHER'S NAME <u>Ed Atkinson</u>		13b. MOTHER'S MAIDEN NAME <u>Sabbie Grisby</u>		14. NAME OF HUSBAND OR WIFE <u>May</u>		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>495-40-7323</u>		17. INFORMANT <u>John Ed Atkinson, Rogersville, Mo R#3</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma</u> DUE TO (b) <u>Primary Lesion</u> DUE TO (c) <u>Right Kidney</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>180X</u>		INTERVAL BETWEEN ONSET AND DEATH	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Buxie Hosp.</u>		Length of stay in lb <u>21 days</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		3. NAME OF DECEASED First Middle Last <u>GUY EDGAR ATKINSON</u>		4. DATE OF DEATH Month Day Year <u>October 18, 1957</u>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buxia</u>		23b. DATE <u>Oct. 21, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Panther Valley Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Rogersville, Rural, Missouri</u>		24. FUNERAL DIRECTOR <u>R.C. Ferrell</u>		25. DATE RECD. BY LOCAL REG. <u>10-29-57</u>		26. REGISTRAR'S SIGNATURE <u>Edith Williams</u>		22c. DATE SIGNED <u>10/25/57</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Wm K Ferrell*

Licensed Embalmer No. *4910*

P. O. Address *Rogerwillie, Mo.*

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.