. Health,
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-014972
STATE FILE NUMBER

FILED APR 23 1958

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 120

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Elizabeth Hospital — Length of stay in Ib: 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Marion 0644
c. CITY OR TOWN: Hannibal — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2334 Westy Fly Road — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: NELLIE Middle: V. Last: ATKINS

4. DATE OF DEATH: Month: April Day: 7 Year: 1958

5. SEX: Female **6. COLOR OR RACE**: White **7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: November 13, 1875 **9. AGE** (In years last birthday): 82 IF UNDER 1 YEAR: Months 4 Days 24 IF UNDER 24 HRS.: Hours Min.

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 country): Hannibal Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Tylee Shepherd
13b. MOTHER'S MAIDEN NAME: Tillie Van Note
14. NAME OF HUSBAND OR WIFE: Frederick A. Atkins (deceased 0

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.:
17. INFORMANT: Mrs. Thomas Feaster, Hannibal Missouri Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Mesenteric Thrombosis — 2 Days
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? 0 YES [ ] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from apr 6 58, to apr 7-58 and last saw her/him alive on apr 7-58
Death occurred at 8:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD
22b. ADDRESS: Hannibal Mo
22c. DATE SIGNED: 4-18-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/9/58
23c. NAME OF CEMETERY OR CREMATORY: Grand View Burial Park
23d. LOCATION (City, town, or county) (State): Hannibal Missouri

24. FUNERAL DIRECTOR ADDRESS: W. Crawford Smith, Hannibal Missouri
25. DATE RECD. BY LOCAL REG.: 4-18-1958
26. REGISTRAR'S SIGNATURE: Dr. E. M. Buckley M.C. Dickey

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED APR 22 1958
MARION CO. HEALTH DEPT.
DATE FILED APR 22 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 John S. Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal Missour

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.