# ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-010315
STATE FILE NUMBER

AMENDED

Registration District No. 316 Primary Registration District No. — Registrar's No. 104

FILED MAR 22 1961

**1. PLACE OF DEATH**
a. COUNTY: St. St. Francois County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural Farmington / St. Francois — Length of stay in Ib: 5Y; 5M; 6 das.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: STATE HOSPITAL NO. 4 — Inside Limits: Yes ☐ No XX

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Jackson Mo. — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 303 Florence — Reside on Farm: Yes ☐ No XX

**3. NAME OF DECEASED** (Type or print): First: Letha — Middle: Ann — Last: Atkins

**4. DATE OF DEATH**: Month: March — Day: 7 — Year: 1961

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7.** Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
**8. DATE OF BIRTH**: Aug. 2 1890
**9. AGE** (last birthday): 70
IF UNDER 1 YEAR: Months: 7 — Days: 1
IF UNDER 24 HR: Hours — Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): House Wife
**10b. KIND OF BUSINESS OR INDUSTRY**: Keeping House
**11. BIRTHPLACE** (City and state or country): Milton, Iowa
**12. CITIZEN OF WHAT COUNTRY**: U.S.A.

**13a. FATHER'S NAME**: John Joseph Rhoades
**13b. MOTHER'S MAIDEN NAME**: Lucy Jane Hale
**14. NAME OF HUSBAND OR WIFE**: Maurice Atkins

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT**: Nedra Atkins — Address: Jackson Mo.

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchial pneumonia, bilateral - - - - - - - - Abt. 8 das.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Psychoneurotic reaction, Depressive reaction.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes XX No ☐ Unknown

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO XX
**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 Feb. 28, 1961, to March 7, 1961 and last saw her alive on March 7, 1961
Death occurred at 5:03 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): John A. Brennan M.D.
**22b. ADDRESS**: State Hospital No. 4, Farmington, Missouri
**22c. DATE SIGNED**: 3-8-61

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**23b. DATE**: 3-9-61
**23c. NAME OF CEMETERY OR CREMATORY**: Russell Heights
**23d. LOCATION** (City, town, or county) (State): Jackson Mo.

**24. FUNERAL DIRECTOR** — ADDRESS: Deneke-Laird Jackson Mo.
**25. DATE RECD. BY LOCAL REG.**: Mar. 18, 1961
**26. REGISTRAR'S SIGNATURE**: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

ITEM NO. — SHOULD READ — INSTEAD OF — DATE AMENDED — BY AFFIDAVIT OF — DOCUMENT

**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_____ Signed R.O. Laird

Signature of Student Embalmer

Licensed Embalmer No. 4538

P. O. Address Gorham, Me

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.