MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-027494
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0499
2 0730
3
4 0
5 0
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7 0
8 2
9 761.5
10
11
12 3-0
13 2-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 391

FILED AUG 8 1962

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. John's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Newton
c. CITY OR TOWN: rte 2, Seneca — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): rte 2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: HARVEY — Middle: Clifton — Last: Atwood, JR.
4. DATE OF DEATH: Month 7 — Day 30 — Year 62
5. SEX: MALE
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-30-62 ~~stillborn~~
9. AGE (last birthday): IF UNDER 1 YEAR: Months — Days; IF UNDER 24 HR: Hours — Min. 32
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----------
10b. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (City and state or country): Joplin, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Harvey Clifton Atwood
13b. MOTHER'S MAIDEN NAME: LAURA Fay Shepherd
14. NAME OF HUSBAND OR WIFE: ------
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: H.C. Atwood — Address: rte 2, Seneca Mo.

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) Prematurity + Anemia — INTERVAL BETWEEN ONSET AND DEATH: 32 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Maternal Hemorrhage
DUE TO (c) Ruptured uterus (Mother)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? 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 7-30-62 to 7-30-62 and last saw her/him alive on 7-30-62
Death occurred at 9:30 pm. 7-30-62 m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Juliette M. Elsner M.D. (Degree or title)
22b. ADDRESS: 2002 Jackson Joplin
22c. DATE SIGNED: 7-31-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 1, 62
23c. NAME OF CEMETERY OR CREMATORY: Osborne Mem. Cem.
23d. LOCATION (City, town, or county) (State): Joplin, Missouri
24. FUNERAL DIRECTOR: W.E. Biddlecome — ADDRESS: Seneca Mo
25. DATE RECD. BY LOCAL REG.: Aug. 1, 1962
26. REGISTRAR'S SIGNATURE: Dove Merriam

BY AFFIDAVIT OF — DOCUMENT

(Licensed Embalmer's Statement on Reverse Side)

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 W E Beddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca Ills

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.