

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

21135

State File No. \_\_\_\_\_

**FILED** JUL 8 1952

REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5711 Registrar's No. 7

3600  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Elkhorn twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Elkhorn twp.</u> <u>060-D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stella Rt. 2</u>		d. STREET ADDRESS (If rural, give location) <u>Stella Rt. 2</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u>		b. (Middle) _____ c. (Last) <u>ATKINSON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 17, 1952</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 9, 1861</u>	
9. AGE (In years last birthday) <u>91</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>	
11. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		12. BIRTHPLACE (State or foreign country) <u>Clinton, Illinois</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. NAME OF HUSBAND OR WIFE <u>Nancy Jane Wasson Paschall</u>		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u> (If yes, give war or date of service)	
17. SOCIAL SECURITY NO. <u>none</u>		18. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Margaret Anderson, Stella Rt. 1, Mo.</u>	
19. 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, arthritis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anoxemia</u>  ANTECEDENT CAUSES Adorbid conditions, (if any, giving rise to the above cause (a) during the underlying cause last. DUE TO (b) <u>obstruction of respiratory center</u> DUE TO (c) <u>Advanced senility</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributory to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>	
20. DATE OF OPERATION _____		21. MAJOR FINDINGS OF OPERATION _____	
22. ACCIDENT SUICIDE HOMICIDE (Specify) _____		23. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
24. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		25. DATE OF OPERATION _____	
26. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		27. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
28. HOW DID INJURY OCCUR? _____		29. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
30. I hereby certify that I attended the deceased from <u>Sept 20, 1951</u> to <u>June 17, 1952</u> , that I last saw the deceased alive on <u>June 17, 1952</u> , and that death occurred at <u>8:15 p.m.</u> , from the causes and on the date stated above.			
31. SIGNATURE <u>Harold C. Ward D.O.</u>		32. ADDRESS <u>Goodman Mo.</u>	
33. DATE SIGNED <u>June 18, 1952</u>		34. DATE SIGNED _____	
35. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		36. DATE <u>June 19, 1952</u>	
37. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cemetery</u>		38. LOCATION (City, town, or county) (State) <u>Newton County, Missouri</u>	
39. DATE REC'D BY LOCAL REG. <u>July 1, 1952</u>		40. REGISTRAR'S SIGNATURE <u>D. E. Plumlee</u>	
41. FUNERAL DIRECTOR'S SIGNATURE <u>John B. Pappas</u>		42. ADDRESS <u>Goodman, Missouri</u>	