

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **9452**

FILED MAR 29 1954 REG. DIST. NO. **219** PRIMARY REG. DIST. NO. **5792** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrison Township		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN High Point		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) Harrison Township			
3. NAME OF DECEASED (Type or Print) LOONIA				a. (First) ATKINSON		b. (Middle)	
c. (Last)				4. DATE OF DEATH (Month) (Day) (Year) Mar 12 1954			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Feb 13 - 1871	
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY no		11. BIRTHPLACE (City and State or Foreign Country) Miller County Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME James Monroe Atkinson			
13b. MOTHER'S MAIDEN NAME Susan Miller				14. NAME OF HUSBAND OR WIFE Never Married			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. no			
17. INFORMANT'S SIGNATURE OR NAME Bryan Atkinson				ADDRESS High Point Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION: I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (unrelieved)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 493 X			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT - SUICIDE - HOMICIDE (Specify)			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from Feb 1953, to March 1954, that I last saw the deceased alive on March 2, 1954, and that death occurred at 11:30 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Res. E. Murrell, D.O.				23b. ADDRESS Eldon, Mo.			
23c. DATE SIGNED 3/15/54				24a. BURIAL - CREMATION - REMOVAL (Specify) Burial			
24b. DATE 3-14-1954				24c. NAME OF CEMETERY OR CREMATORY City Cemetery			
24d. LOCATION (City, town, or county) (State) California Mo.				25. FUNERAL DIRECTOR'S SIGNATURE Hugh E. Williams			
26. DATE REC'D BY LOCAL REG. 3/15/54				27. REGISTRAR'S SIGNATURE L. L. Pappey			
28. ADDRESS				29. ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10. 48

80

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.....

Licensed Embalmer No. 353

P. O. Address California

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.