

FILED OCT 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34983

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>6020</u>		Registrar's No. <u>95</u>	
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cley</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CROOKED RIVER</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Excelsior Springs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Highway 10 - 1/4 mi E. Hardin</u>				e. STREET ADDRESS (If rural, give location) <u>600 St. Louis Avenue</u> <u>6002</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BALLARD</u> b. (Middle) <u>TILDON</u> c. (Last) <u>ATKINS, Jr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 9, 1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Aug. 24, 1933</u>	
9. AGE (In years last birthday) <u>21</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Production Dept.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Owens-Corning Fiberglass</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Ballard T. Atkins</u>			
13b. MOTHER'S MAIDEN NAME <u>Sylvia Balke</u>				14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		(If yes, give war or dates of service) <u>Korea</u>		16. SOCIAL SECURITY NO. <u>497-34-9164</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ballard T. Atkins, Excelsior Springs, Mo.</u>	
ADDRESS <u>600 St. Louis Ave.</u>							
18. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal injuries</u> INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>automobile wreck</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hardin Ray MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 9, 1954 7:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Failed to make curve</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. J. F. Baber, Coroner</u>				23b. ADDRESS <u>Richmond Mo</u>		23c. DATE SIGNED <u>10-9-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-9-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct 14-1954</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u> <u>273</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knipshild Bookbinding Hardin, Mo.</u>			

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

OCT 26 1948

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 *Lindell K. Jarman*

Licensed Embalmer No. *458*

P. O. Address *Exclusion Sp*

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.