

Cuyahoga Cuyahoga  
 Cleveland Cleveland  
 St. Lukes Hosp. 3715 Kelley

Frank M. Atkins  
 DOD--5-7-56  
 DOB--12-9-87 Age 68  
 POB--~~Minneapolis~~ Ponca, Neb.  
 Retired

Ernest Charles Atkins  
 Lillian Montgomery

271-05-2401  
 Mrs. Frieda H. Atkins

18 DIVISION OF VITAL STATISTICS				1956			
1801 CERTIFICATE OF DEATH				3788			
1. PLACE OF DEATH a. COUNTY <i>Cuyahoga</i>		2. USUAL RESIDENCE (When deceased was in temporary abode, give name of county)		3. STATE <i>Ohio</i>		4. CITY, VILLAGE, OR TOWNSHIP, WITH FULL AND COMPLETE ADDRESS	
b. CITY, VILLAGE, OR TOWNSHIP, WITH FULL AND COMPLETE ADDRESS		c. LENGTH OF DEATH (On Day of death)		d. CITY, VILLAGE, OR TOWNSHIP, WITH FULL AND COMPLETE ADDRESS		e. STREET (If rural, give location)	
4. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Lukes Hosp.</i>		5. NAME OF DECEASED (Last, (First, (Middle)		6. DATE OF DEATH (Month, (Day, (Year)		7. SEX (Male, (Female)	
8. SEX <i>M.</i>		9. COLOR OR RACE <i>WHITE</i>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <i>MARRIED</i>		11. DATE OF BIRTH (Month, (Day, (Year)	
12. AGE (In years, (Months, (Days)		13. USUAL OCCUPATION (Give kind of work done during most of year and full name of employer)		14. KIND OF BUSINESS OR INDUSTRY		15. PLACE OF BIRTH (State or foreign country)	
16. USUAL OCCUPATION <i>Retired</i>		17. KIND OF BUSINESS OR INDUSTRY <i>POSTER</i>		18. PLACE OF BIRTH <i>Ponca, Nebraska</i>		19. PLACE OF BIRTH (State or foreign country)	
20. FATHER'S NAME <i>Ernest Charles Atkins</i>		21. MOTHER'S MARY NAME <i>Lillian Montgomery</i>		22. MARRIAGE (Date of marriage)		23. PLACE OF BIRTH (State or foreign country)	
24. WAS DECEASED EVER IN U. S. ARMY FORCES?		25. SOCIAL SECURITY NO. <i>371-05-2401</i>		26. INFORMANT'S SIGNATURE <i>Mrs. Frieda H. Atkins</i>		27. PLACE OF BIRTH (State or foreign country)	
28. CAUSE OF DEATH (Enter this one only for use in the fat. rep. and for medical certification)		29. MEDICAL CERTIFICATION				30. INTERNAL EXAMINE (Specify and state)	
31. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>CONGESTIVE HEART FAILURE</i>		32. ANTECEDENT CAUSES <i>ARTERIO-SCLEROTIC HEART DISEASE</i>				33. INTERNAL EXAMINE (Specify and state) <i>UNKNOWN</i>	
34. OTHER SIGNIFICANT CONDITIONS (b) <i>4200</i>		35. MAJOR FINDINGS OF OPERATION				36. ANATOMY (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
37. DATE OF OPERATION		38. ACTION: (a) SUICIDE (b) HOMICIDE		39. PLACE OF INJURY (If a, or b, specify street, house number, street etc.)		40. CITY, VILLAGE, OR TOWNSHIP (COUNTY) (STATE)	
41. TIME (HOUR) (DAY) (YEAR) (MOON)		42. MANNER OF DEATH (a) ACCIDENTAL (b) SELF-KILLED (c) SUICIDE (d) HOMICIDE (e) UNLAWFUL ABUSE OF FIRE-ARM (f) UNLAWFUL ABUSE OF WEAPON (g) OTHER		43. HOW DID INJURY OCCUR?		44. DATE SHOWED <i>1085</i>	
22. I hereby certify that I attended the deceased from <i>5-6-1956</i> to <i>5-7-1956</i> and that death occurred at <i>2:50 P.M.</i> from the causes and on the date stated above.							
45. SIGNATURE <i>James J. Pouch M.D.</i>		46. ADDRESS <i>ST. LUKE'S HOSP</i>		47. DATE SHOWED <i>5-7-56</i>		48. DATE SHOWED	
49. DATE OF BURIAL, CREMATION, OR OTHER DISPOSAL <i>5-10-56</i>		50. NAME OF CEMETERY OR CREMATORY <i>Whitewater</i>		51. LOCATION (City, town, or county) <i>Mayfield O.</i>		52. DATE SHOWED	
53. BIRTH NO.		54. NAME OF ENBALMER <i>R. Montgomery</i>		55. (LIC. NO.) <i>51264</i>		56. DATE SHOWED	
57. DATE REG'D BY LOCAL HEALTH DEPARTMENT <i>MAY 8 1956</i>		58. REGISTRAR'S SIGNATURE <i>R. Montgomery</i>		59. (LIC. NO.) <i>1978</i>		60. DATE SHOWED	