

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
1692

FILED FEB 6 1958

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 21

300
1-57
044
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1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBB CITY		c. CITY OR TOWN WEBB CITY	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JANE CHINN HOSPITAL		d. STREET ADDRESS 22 S. BALL	
Length of stay in lb LIFETIME		(If outside, give location) 0 Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle RICHARD Last ATKERSON			4. DATE OF DEATH JANUARY 28, 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT 1, 1901
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LUMBERMAN	
11. BIRTHPLACE (City and state or country) WEBB CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN ATKERSON		13b. MOTHER'S MAIDEN NAME JESSIE HORSEFIELD	
14. NAME OF HUSBAND OR WIFE FORRESTINE ATKERSON		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 500-01-7107		17. INFORMANT Address MRS FORRESTINE ATKERSON WEBB CITY MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cardiac Peptics</u> DUE TO (b) <u>Peptics attacks</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4202</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 hr.</u> <u>6 mo.</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>1-28-58</u> to <u>1-28-58</u> and last saw her alive on <u>1-28-58</u> Death occurred at <u>3:20 P.M. - 1-28-58</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Mrs. Madeline Switzer</u> (Degree or title) <u>2</u>		22b. ADDRESS <u>Webb City Mo</u>	
22c. DATE SIGNED <u>1-30-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>2/1/58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE CEMETERY</u>	
23d. LOCATION (City, town, or county) <u>WEBB CITY,</u>		(State) <u>MO.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>HEDGE-LEWIS WEBB CITY, MISSOURI</u>		25. DATE RECD. BY LOCAL REG. <u>1-31-58</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be causally related.

RECEIVED FEB 5 r, 1958
Jasper County Health Office

County File Number 104
Date Filed FEB 5 - 1958

VS JUN 4 1959

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 Richard Gray Lewis

Licensed Embalmer No. 4403

P. O. Address Webb City, Mo

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.

Manager