

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021182

FILED JUN 24 1959

Registration District No.

149

Primary Registration District No.

1002

STATE FILE NUMBER 2785
Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Walnut Nursing Home			Length of stay in lbs. 34 yrs.	d. STREET ADDRESS (If outside, give location) 4017 Holly			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Clarence Middle Kellogg Last Atkinson				4. DATE OF DEATH Month June Day 6 Year 1959				
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 9-15-1881		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock & Bond Salesman			10b. KIND OF BUSINESS OR INDUSTRY McDonald - Evans		11. BIRTHPLACE (City and state or country) Arkansas City, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Thomas Atkinson			13b. MOTHER'S MAIDEN NAME Panola McClure		14. NAME OF HUSBAND OR WIFE Mary S. Atkinson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W W I		16. SOCIAL SECURITY NO. 487-12-9394		17. INFORMANT Address Mrs. Mary S. Atkinson 4017 Holly K.C. 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) Cardiac Fibrillation & Failure						INTERVAL BETWEEN ONSET AND DEATH 1 hour		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Aortic and Mitral Stenosis				DUE TO (c) 10 years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 410X						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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>								
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 Jan 1958 to June 59 and last saw him alive on 1 June 59 . Death occurred at 6 June 59 m of the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Wallace H. Graham M.D.				22b. ADDRESS 518 Argyle Bldg.		22c. DATE SIGNED 8 June 59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-8-1959	23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		23d. LOCATION (City, town, or county) Arkansas City, Kansas			
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar 20 W. Linwood			ADDRESS K.C. Mo.	25. DATE RECD. BY LOCAL REG. 6-8-59	26. REGISTRAR'S SIGNATURE Neva Minshall			

Wallace H. Graham
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
An address in Part I must be causally related.

Dr. Wallace H.
Aroye P. Jr.

HA 1-0111

1 PM MON,

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 *Wm H. Aroye*
Licensed Embalmer No. *5038*
P. O. Address *K. C. 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.