URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-033526
STATE FILE NUMBER

AMENDED

FILED VS OCT 8 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 8929

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Length of stay in 1b: 4 weeks

c. CITY OR TOWN Jefferson City — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 320 Washington Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Constance Middle: Graham Last: Atkesson

4. DATE OF DEATH Month Day Year: September 28, 1959

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10/28/1896

9. AGE (last birthday): 62

IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (City and state or country): Marquand, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Henry W.Graham

13b. MOTHER'S MAIDEN NAME: Virginia Matthews

14. NAME OF HUSBAND OR WIFE: Ralph W.Atkesson

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.: none

17. INFORMANT: Ralph W.Atkeson Address: Jefferson City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease with

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Thrombosis of left internal carotid

DUE TO (c) artery. 9-14-59 Post-operative gangrenous appendix -

INTERVAL BETWEEN ONSET AND DEATH: 29 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

420.0

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 8-31-59 to 9-28-59 and last saw her/him alive on 9-27-59

Death occurred at 2:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE (Degree or title) Leary Lenellman M.D.

22b. ADDRESS 933 Arcade Bldg., 812 Olive St. Louis 1, Mo.

22c. DATE SIGNED 9/28/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 9-30-59

23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery

23d. LOCATION (City, town, or county) (State): Butler, Missouri

24. FUNERAL DIRECTOR ADDRESS: Albert H.Hoppe, Inc., 4700 Washington Blvd.

25. DATE REC'D. BY LOCAL REG.: SEP 28 '59

26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1960

JUN 14 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4108

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.