

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 16 1960

542 -60-014793

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 542

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>	Length of stay in 1b <b>2 months</b>	c. CITY OR TOWN <b>Butler</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Burge Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>RALPH</b>	Middle <b>WENDELL</b>	Last <b>ATKESON</b>	4. DATE OF DEATH Month <b>May</b>	Day <b>7,</b>	Year <b>1960</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/22/1896</b>	9. AGE (last birthday) <b>64</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Editor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Newspaper</b>	11. BIRTHPLACE (City and state or country) <b>Butler, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Oscar Atkeson</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Constance G. Atkeson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>W.W. 1 497-36-3572</b>	17. INFORMANT <b>1936 Cinderella Mrs. Kenneth Meyer, Springfield, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
IMMEDIATE CAUSE (a)	<b>Subdural hematoma</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	<b>Cerebral cortical atrophy</b>
	DUE TO (c)	<b>Arteriosclerosis.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from <b>2-22-60</b> to <b>death</b> and last saw her/him alive on <b>5-7-60</b> Death occurred at <b>4:30 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Wendell Atkeson</i>	22b. ADDRESS <b>Springfield, Mo</b>	22c. DATE SIGNED <b>5-11-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>5/8/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oakhill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Butler, Missouri.</b>
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24. FUNERAL DIRECTOR <b>Culver-Underwood, Butler, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>5-13-60</b>	26. REGISTRAR'S SIGNATURE <i>Effie S. Patten</i>
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DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

MAY 18 1960

1960 JUN 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ralph H. Linn

Licensed Embalmer No. 3681

P. O. Address Springfield

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.