

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033648

FILED VS **SEP 9 1960**

378

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STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mountain Grove			Length of stay in 1b 12 months		c. CITY OR TOWN Hartville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mountain Grove Rest Home				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.F.D.#2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JESSE Middle ELI Last ATKINSON						4. DATE OF DEATH Month August Day 24 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/8/1884	9. AGE (last birthday) 76 Yrs	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) Farmer (retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City, and state or country) Hartville, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James Atkinson			13b. MOTHER'S MAIDEN NAME Eliza Ellis			14. NAME OF HUSBAND OR WIFE Vienna Butcher Atkinson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Address Echo Atkinson Hartville, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart disease							INTERVAL BETWEEN ONSET AND DEATH 3 months.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
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 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 _____ a.m. _____ p.m. Month, Day, Year _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 July 1 - 1960 to Aug 24 - 1960 and last saw ^{her} him alive on Aug 23 - 1960 Death occurred at 12:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>[Signature]</i> (Degree or title)				22b. ADDRESS Mtn. Grove Mo.		22c. DATE SIGNED 8-25-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/26/1960	23c. NAME OF CEMETERY OR CREMATORY Broyles Cemetery		23d. LOCATION (City, town, or county) (State) Wright County, Missouri			
24. FUNERAL DIRECTOR Barber Funeral Home - Mtn. Grove, Mo ADDRESS				25. DATE RECD. BY LOCAL REG. 8-30-1960		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 George Stapp

Licensed Embalmer No. 3461

P. O. Address W. Brown

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