

FILED OCT 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32916**BIRTH NO. _____ REG. DIST. NO. **30** PRIMARY REG. DIST. NO. **4538** Registrar's No. **40**

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Benton | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau | |
| b. CITY (If outside corporate limits, write RURAL and give town) WARSAW 4 | | c. CITY (If outside corporate limits, write RURAL and give township) Fertusa | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) 1 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION LAKE SIDE Rest Home | | | |
| 3. NAME OF DECEASED a. (First) WILLIAM b. (Middle) J. c. (Last) ATKESON | | | 4. DATE OF DEATH (Month) (Day) (Year) Oct 21, 1949 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH MARCH 1, 1867 |
| 9. AGE (In years last birthday) 82 | | 10. IF UNDER 1 YEAR: Months 7 Days 20 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Michigan | | 10b. KIND OF BUSINESS OR INDUSTRY - | 11. BIRTHPLACE (State or foreign country) Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | | |
| 13a. FATHER'S NAME John Atkeson | | 13b. MOTHER'S MAIDEN NAME Nancy E. Carpenter | 14. NAME OF HUSBAND OR WIFE Mal A. Berkey |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If Yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. --- | 17. INFORMANT'S SIGNATURE OR NAME Mal A Berkey ADDRESS Kansas |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic C-V-R Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Benign Prostatic Hypertrophy with URINARY Retention | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from July, 1949, to 21 Oct, 1949 , that I last saw the deceased alive on 17 Oct, 1949 , and that death occurred at 8:45 AM , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE David Glenn J. M. D. (Degree or title) | | 23b. ADDRESS Warsaw, Mo. | 23c. DATE SIGNED 21 Oct 49 |
| 24a. BURIAL, CREMATION REMOVAL (Specify) Burial | 24b. DATE Oct 23, 1949 | 24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery | 24d. LOCATION (City, town, or county) (State) Linton Missouri |
| DATE REC'D BY LOCAL REG. 22 Oct 1949 | REGISTRAR'S SIGNATURE Jas. A. Logan | 25. FUNERAL DIRECTOR'S SIGNATURE Kidwell Funeral Home ADDRESS Versailles, Mo | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 9-49-12

Date Filed 10-24-49

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student
Student Embalmer

Signed Rene J. Dartan _____

Licensed Embalmer No. 4021 _____

P. O. Address VERSAILLES, M

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 this body is not embalmed, fact should be so stated above.