

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

81

State File No.

FILED JAN 7 - 1953

BIRTH NO.		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>AURORA</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		c. LENGTH OF STAY (In this place) <u>2 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u>		0143	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEXICO NURSING HOME</u>				d. STREET ADDRESS (If rural, give location) <u>1208 Circle</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>HARRY</u>		c. (Last) <u>ATKINSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 2 1953</u>	
5. SEX <u>U</u> <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN 19, 1874</u>	
9. AGE (In years last birthday) <u>78</u>		10. UNDER 1 YEAR Months Days		11. UNDER 2 HRS. Hours Mins.		9. AGE (In years last birthday) <u>78</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>RE-ESTATE BROKER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>FULTON MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>CLARE O. ATKINSON</u>			
13b. MOTHER'S MAIDEN NAME <u>LINDA JAMESON</u>				14. NAME OF HUSBAND OR WIFE <u>JOSEPH ATKINSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>No</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Atkinson</u>				ADDRESS <u>Fulton Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 months</u> <u>3 years</u> <u>5 years</u> <u>1 year</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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) <u>none</u>		21e. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5/14</u> , 19 <u>51</u> , to <u>12/24</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12/24</u> , 19 <u>52</u> , and that death occurred at <u>3 30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thos. L. Sawyer, M.D.</u>				23b. ADDRESS <u>Mexico, Mo.</u>		23c. DATE SIGNED <u>1/2/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 4 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HILLCREST</u>		24d. LOCATION (City, town, or county) (State) <u>FULTON MO</u>	
DATE REC'D BY LOCAL REG. <u>JAN-2-1953</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Murphy H. H.</u>		ADDRESS <u>Fulton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

6043
4

JAN 30 1953

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
Student Embalmer

Signed _____

Licensed Embalmer No. 3722

P. O. Address Fulton 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 this body is not embalmed, fact should be so stated above.