

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19869

State File No.

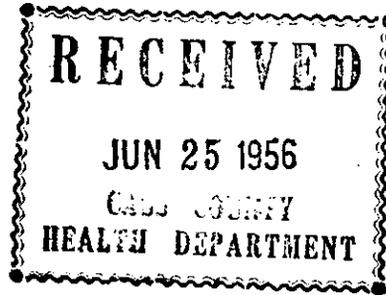
FILED JUN 27 1956

No. 300
10-48

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|---|--|--|---|---|-------------|--|-----------|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>59</u> | | PRIMARY REG. DIST. NO. <u>4097</u> | | Registrar's No. <u>81</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Cass</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u> | | c. LENGTH OF STAY (in this place) <u>5 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u> | | d. STREET ADDRESS (If rural, give location) <u>804 East Pearl St.</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>804 East Pearl St.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>804 East Pearl St.</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>JOHN FRANKLIN ATKINSON</u> | | | a. (First) | | b. (Middle) | | c. (Last) | | |
| 4. DATE OF DEATH <u>June 16 1956</u> | | | | (Month) | | (Day) | | (Year) | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | 8. DATE OF BIRTH <u>June 1-1866</u> | | 9. AGE (In years last birthday) <u>90</u> | |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Merchant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cass Co. Mo. U.S.A.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>Philip C. Atkinson</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Jones Saunders</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Rula Atkinson</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, Unknown) (If yes, give war or date of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>496-16-3246</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>James E. Weaver</u> | | | | ADDRESS <u>Harrisonville 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u> | |
| | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u> | | | | <u>10 yrs.</u> | |
| | | | | DUE TO (c) _____ | | | | | |
| | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>NONE</u> | | | | | |
| 19a. DATE OF OPERATION <u>✓</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u> | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE <u>✓</u> (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 <u>Thu 9, 1956</u> to <u>June 16, 1956</u> , that I last saw the deceased alive on <u>June 16, 1956</u> , and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>D. J. Bargen MD</u> | | | | (Degree or title) | | 23b. ADDRESS <u>Harrisonville Mo</u> | | 23c. DATE SIGNED <u>18 June 1956</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>June 18 1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Freeman Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>June 18, 1956</u> | | REGISTRAR'S SIGNATURE <u>Doro Barward</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Benjamin Busch</u> | | ADDRESS <u>Harrisonville Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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



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 Ernest Rasmussen

Licensed Embalmer No. 3368

P. O. Address Harrisonville

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.