

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035316

STATE FILE NUMBER

FILED SEP 18 1958

Registration District No.

378

Primary Registration District No.

4552

Registrar's No.

36

1. PLACE OF DEATH a. COUNTY <u>Wright</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mtn. Grove</u>			c. CITY OR TOWN <u>Mtn. Grove</u> <u>1141</u>		Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>			d. STREET ADDRESS <u>Na</u>		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First <u>Jess</u> Middle <u>C.</u> Last <u>Atkisson</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>7th</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cau</u>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>Apr. 11, 1875</u>		9. AGE (In years last birthday) <u>83</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Wright County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Woodard Atkisson</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah A. Freeman</u>		14. NAME OF HUSBAND OR WIFE <u>Thula V. Atkisson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>Na</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Thula V. Atkisson Mtn. Grove, Missouri</u>		
18. CAUSE OF DEATH (Enter only one cause per line in (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Parkinson's disease</u>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					<u>350X</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour <u>5:15</u> a.m. Month, Day, Year <u>Feb. 2 - 1955</u>					
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		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 <u>Feb. 2 - 1955</u> to <u>Sept. 7 - 1958</u> and last saw him alive on <u>Sept. 6 - 1958</u> Death occurred at <u>8:15</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. M. Williams</u>		(Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Mtn. Grove Mo.</u>	
22c. DATE SIGNED <u>9-8-58</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/11/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hill Crest Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Mtn. Grove, Missouri</u>	
24. FUNERAL DIRECTOR <u>L. E. Evans</u>		ADDRESS <u>Houston, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>9-13-1958</u>	
26. REGISTRAR'S SIGNATURE <u>Bernice L. Silverman</u>					

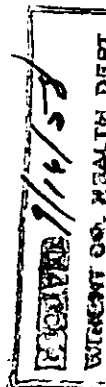
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

SEP 13 1958



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
Signature of Student Embalmer

Signed *Lowell C. Craig*

Licensed Embalmer No. *4766*
P. O. Address *11111 11th Ave. N.W.*

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.