

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-014008

FILED VS APR 8 1960 378

Registration District No. \_\_\_\_\_ Primary Registration District No. 4552 Registrar's No. 15.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>WRIGHT</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MOUNTAIN GROVE</b>		Length of stay in 1b <b>LIFE</b>		c. CITY OR TOWN <b>MOUNTAIN GROVE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>101 SOUTH MAIN STREET</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>101 SOUTH MAIN STREET</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>JONATHAN RILEY ATKINSON</b>				First	Middle	Last	4. DATE OF DEATH Month <b>MARCH</b> Day <b>2</b> Year <b>1960</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>11/30/1880</b>	9. AGE (last birthday) <b>79 Yrs</b>	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) <b>FARMER (RETIRED)</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>WRIGHT COUNTY, MO</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>JAMES ATKINSON</b>			13b. MOTHER'S MAIDEN NAME <b>ELIZA ELLIS</b>			14. NAME OF HUSBAND OR WIFE <b>CREOLA TURNER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>487-24-0112</b>		17. INFORMANT Address <b>MRS JEWELL NEWTON - MTN. GROVE, MISSOURI</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Arteriosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</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) _____						INTERVAL BETWEEN ONSET AND DEATH <b>Not known</b> <b>3m 4days</b>	
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.)			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		
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 type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>2-26-66 SW 3-C</b>		20f. CITY, TOWN, OR LOCATION <b>2-26-60</b> to <b>3-2-60</b> and last saw him alive on <b>3-2-60</b>		COUNTY _____ STATE _____
21. I attended the deceased from <b>2-26-60</b> to <b>3-2-60</b> Death occurred at <b>4:15 P.</b> 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) <b>M.D.</b>			22b. ADDRESS <b>Mountain Grove MO</b>			22c. DATE SIGNED <b>3-21-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>3/8/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HILLCREST CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>MOUNTAIN GROVE, MISSOURI</b>		
24. FUNERAL DIRECTOR <b>BARBER FUNERAL HOME - MTN. GROVE, MISSOURI</b>			ADDRESS	25. DATE RECD. BY LOCAL REG. <b>3-22-1960</b>	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. 3161

P. O. Address Mt. Snow

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.