

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018160

FILED VS JUN 6 1960

1 Primary Registration District No. 3000 Registrar's No. 169

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Adair b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville Length of stay in 1b 1 1/2 Wks		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Macon c. CITY OR TOWN La Plata Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim-Smith Hosp. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JAMES Middle LYMAN Last ATOR			4. DATE OF DEATH Month May Day 10 Year 1960		
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5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug 25, 82	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months 8 Days 15	IF UNDER 24 HR Hours -- Min. --
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Night Marshall	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Summerhill Illinois	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME James P. Ator	13b. MOTHER'S MAIDEN NAME Moria Fletcher	14. NAME OF HUSBAND OR WIFE Mrs Mable Ator
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address Mrs Mable Ator, La Plata, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion acute Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 5 yrs
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____	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
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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.) _____
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20c. TIME OF INJURY Hour a.m. _____ Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____
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21. I attended the deceased from **5.2.60** to _____ and last saw him alive on **5.10.60**
 Death occurred at **11:25 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Milton T. Simpson MD	22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 5.12.60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 13, 1960	23c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery	23d. LOCATION (City, town, or county) (State) La Plata, Missouri
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24. FUNERAL DIRECTOR ADDRESS Wilson Funeral Home, La Plata, Mo.	25. DATE RECD. BY LOCAL REG. 6.3.1960	26. REGISTRAR'S SIGNATURE Dora W. Ratliff
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

MILTON T. ENGLISH, M.D.

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 Kenneth M. Wilson

Licensed Embalmer No. 4701

P. O. Address La Plata

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.