URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-027813
STATE FILE NUMBER

FILED VS JUL 20 1960
ENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 250

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia
Length of stay in 1b 60 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rest Haven Nursing Home
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN Sedalia
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 418 E. 7th
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First JOSEPHINE Middle ELIZABETH Last ATKINSON
4. DATE OF DEATH Month July Day 12 Year 1960
5. SEX Female
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 4/15/1881
9. AGE (last birthday) 79
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) Home
10b. ~~KIND OF BUSINESS OR INDUSTRY~~
11. BIRTHPLACE (City and state or country) Buffalo, New York
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Butler
13b. MOTHER'S MAIDEN NAME Mary Kmg
14. NAME OF HUSBAND OR WIFE John A. Atkinson
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 Mrs. Albert Lindsey Address 418 E. 7th

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebro-vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 29 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic cerebro vascular disease — 6 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Old Stroke; Duodenal Ulcer.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 Oct. 4, 1957, to July 12, 1960 and last saw her/him alive on July 12, 1960
Death occurred at 1:35 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Albert J. Campbell M.D.
22b. ADDRESS 312 1/2 So. Ohio, Sedalia Mo
22c. DATE SIGNED 7-13-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 14, 1960
23c. NAME OF CEMETERY OR CREMATORY Calvary
23d. LOCATION (City, town, or county) (State) Sedalia, Missouri

24. FUNERAL DIRECTOR ADDRESS McLaughlin Bros. 519 So. Ohio
25. DATE RECD. BY LOCAL REG. 7-13-1960
26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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 K.P. McCrary

Licensed Embalmer No. 3153

P. O. Address Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.