

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027874

FILED VS JUL 28 1960

Registration District No. 277 Primary Registration District No. 3949 Registrar's No. 28

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Indian Twp.</u>			Length of stay in 1b		c. CITY OR TOWN <u>MIDDLETOWN</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>LORA FAYE ATKINSON</u>				4. DATE OF DEATH Month Day Year <u>JULY 21 1960</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-23-1895</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>CORSO, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>W. M. LEWELLEN</u>			13b. MOTHER'S MAIDEN NAME <u>MARY REID</u>		14. NAME OF HUSBAND OR WIFE <u>ELMER ATKINSON</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>			16. SOCIAL SECURITY NO. <u>498-14-9150</u>		17. INFORMANT Address <u>ELMER ATKINSON, MIDDLETOWN, MO</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>dehilitation & inanition</u> DUE TO (b) <u>metastatic carcinoma</u> DUE TO (c) <u>ovarian carcinoma</u> 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH
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.)					
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>7/15/60</u> to <u>7/21/60</u> and last saw her alive on <u>7/20/60</u> Death occurred at <u>10 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Don R. Tupper D.D.</u>				22b. ADDRESS <u>214 N. Church Bowling Green, Mo.</u>		22c. DATE SIGNED <u>7/23/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JULY 23, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BOWLING GREEN CEMETERY, BOWLING GREEN, MO</u>		23d. LOCATION (City, town, or county) <u>BOWLING GREEN, MO</u>		23e. (State)	
24. FUNERAL DIRECTOR <u>BANKHEAD CHAPEL, BOWLING GREEN, MO</u>		25. DATE REC'D. BY LOCAL REG. <u>JULY 23, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Mailee E. Williams</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Harold Kiper

Licensed Embalmer No. 4597

P. O. Address Bearington

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.