URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 7 1960

-60-038222

STATE FILE NUMBER

NDED

Registration District No. 141 Primary Registration District No. 5-5-5-1 Registrar's No. 152

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains — Length of stay in 1b: 30 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rte 2 — Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Howell
c. CITY OR TOWN West Plains — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS Rte 2 (If outside, give location) — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First Jno Middle Robert Last Atkins

4. DATE OF DEATH: Month 10 Day 22 Year 60

5. SEX: M

6. COLOR OR RACE: W

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5-22-1890

9. AGE (last birthday): 70 — 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): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and state or country): Symmonsboro Mo

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: R. C. Atkins

13b. MOTHER'S MAIDEN NAME: Edega E. Booth

14. NAME OF HUSBAND OR WIFE: Velara Atkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT Address: Mrs Velara Atkins West Plains Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Metastatic Carcinoma to Liver	6 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Carcinoma of Prostate	12 mos
DUE TO (c)		

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. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

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 1959 to 10/22/60 and last saw her/him alive on 10/22/60
Death occurred at 6:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. L. Fowler MD

22b. ADDRESS: West Plains Mo.

22c. DATE SIGNED: 10/1/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10/24-60

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park

23d. LOCATION (City, town, or county) (State): West Plains Mo

24. FUNERAL DIRECTOR ADDRESS: Robertson West Plains Mo

25. DATE RECD. BY LOCAL REG.: 11-4-60

26. REGISTRAR'S SIGNATURE: Beatrice Cook

BY AFFIDAVIT OF

DOCUMENT

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 343

P. O. Address _____

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