

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-020607

STATE FILE NUMBER

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 271

FILED JUL 6 1961

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Cape Girardeau</u>	
Length of stay in lb <u>80</u>		Inside Limits ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>19 n Fredrick</u>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Adkinson</u> Last <u>Adkinson</u>		4. DATE OF DEATH Month <u>June</u> Day <u>18</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>8-23-1872</u>
9. AGE (last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real estate</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Business</u>	
11. BIRTHPLACE (City and state or country) <u>Don't Know</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Peter Atkinson</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Palmquest</u>	
14. NAME OF HUSBAND OR WIFE <u>None</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>no</u>		17. INFORMANT <u>Mrs Anna Atkinson Cape Gir 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>Pulmonary embolism</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Post-op Suprapubic prostatectomy</u> DUE TO (b) <u>Benign prostatic hyperplasia</u> DUE TO (c) <u>5 yrs.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arterio sclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>2 days</u> <u>5 yrs.</u>	
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.)		21. I attended the deceased from <u>5-18-61</u> to <u>6-18-61</u> and last saw him alive on <u>6-18-61</u> Death occurred at <u>4:25 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>DR. Sebastian</u> (Degree or title)		22b. ADDRESS <u>219 W. Pacific Cape Gir. Mo.</u>	
22c. DATE SIGNED <u>6-23-61</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>June 21 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Fairmount</u>	
23d. LOCATION (City, town, or county) <u>Cape Gir Mo.</u>		24. FUNERAL DIRECTOR <u>Brinkopf Howell Cape Gir Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>6-28-1961</u>		26. REGISTRAR'S SIGNATURE <u>Gene Kasten</u>	

(Licensed Embalmer's Statement on Reverse Side)

JUL 13 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Neil H. Kraschinsky

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau

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.

P. Seaborn