

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 102

=62-030460

FILED AUG 27 1962

VS 300
Rev. 4/59

6275

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Alberta</u> XXXX <u>Canada</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boonville</u>		Length of stay in lb <u>3 wks</u>	c. CITY OR TOWN <u>Calgary</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1805 16th St. W.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>DR. PERCY GORDON ATKINSON</u>			4. DATE OF DEATH Month Day Year <u>August 19, 1962</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</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>5/22/36</u>
9. AGE (last birthday) <u>76</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dental Surgery</u>	11. BIRTHPLACE (City and state or country) <u>Brampton, Ont.</u>
12. CITIZEN OF WHAT COUNTRY <u>Canada</u>		13a. FATHER'S NAME <u>William Atkinson</u>	
13b. MOTHER'S MAIDEN NAME <u>Frances Perry</u>		14. NAME OF HUSBAND OR WIFE <u>Ida McQueen</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>none</u>	17. INFORMANT <u>Mrs Ed Rorvig</u> Address <u>Boonville, 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>Generalized Carcinomatosis</u> Interval between onset and death <u>3 months</u> DUE TO (b) <u>Carcinoma of the sigmoid colon</u> Interval between onset and death <u>3 months</u> DUE TO (c) _____ Interval between onset and death <u>plus</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma of the prostate; generalized arterio-sclerosis; diabetes mellitus</u> 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			
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"/>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Boonville, Mo.</u> COUNTY STATE
21. I attended the deceased from <u>7-31-62</u> to <u>8-19-62</u> and last saw <u>her</u> alive on <u>8-19-62</u> Death occurred at <u>9:40 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Percy Gordon Atkinson, M.D.</u>	
22b. ADDRESS <u>329 Main St., Boonville, Mo.</u>		22c. DATE SIGNED <u>8-20-62</u>	
23a. BURIAL OR CREMATION REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>8/21/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calgary, Albt. Canada</u>
23d. LOCATION (City, town, or county) (State) <u>Calgary, Albt. Canada</u>		24. FUNERAL DIRECTOR <u>B. W. Thacher</u> ADDRESS <u>Boonville, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>8/20/62</u>		26. REGISTRAR'S SIGNATURE <u>B. W. Hooper</u>	

USE BLACK INK OR TYPEWRITER RIBBON

AUG 30 1962

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 Berry W. Shaker

Licensed Embalmer No. 3944

P. O. Address Boonville Mo

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.