

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-046139
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 50 Primary Registration District No. 5178 Registrar's No. 70

FILED JAN 7 1963

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jasper Twn</u>		c. CITY OR TOWN <u>Sunrise Beach</u>	
Length of stay in 1b <u>7 yrs</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 Mi SE Sunrise Beach</u>		d. STREET ADDRESS (If outside, give location) <u>3 Mile S. E.</u>	
Yes ☐ No ☒		Reside on Farm Yes ☐ No ☒	

3. NAME OF DECEASED (Type or print) First <u>Jess</u> Middle <u>Craven</u> Last <u>Atkisson</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>28th</u> Year <u>1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>May 1, 1892</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Photographer</u>		11. BIRTHPLACE (City and state or country) <u>Hillsdale, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>					

13a. FATHER'S NAME <u>Geo. B. Atkisson</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Craven</u>		14. NAME OF HUSBAND OR WIFE <u>Alleta Johnson Atkisson</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>487-38-8212</u>		17. INFORMANT <u>Eugene Johnson - K. C., 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>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> <u>Known since 1961</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u>		
DUE TO (c) <u> </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. ☐ Yes ☐ No ☐ Unknown	
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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 <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u>	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 <u>Versailles, Mo.</u>	

21. I attended the deceased from <u>Dec 1 1961</u> to <u>Dec 28 1962</u> and last saw her alive on <u>Dec 20 1962</u>	
Death occurred at <u>11:50 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>Jack Gunn MD</u>	22b. ADDRESS <u>Versailles, Mo.</u>	22c. DATE SIGNED <u>12. 29. 62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 31, '62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>East Slope Mem. Gardens</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas Mo.</u>
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24. FUNERAL DIRECTOR <u>Midwell Funeral Home-Versailles, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Dec 31-1962</u>	26. REGISTRAR'S SIGNATURE <u>Zilpha J. Traw</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF
13a	Geo. B. Atkisson	Geo. B. Atkisson
14	Alleta Atkisson	Alleta Johnson
23cd	East Slope Mem. Gardens--N.K.C.Mo.	--Highland Park--K.C. Kansas 2/2/63

BY AFFIDAVIT OF Funeral Director DOCUMENT

JAN 9 1963

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

Gene A. Barthman

Licensed Embalmer No. 4021

P. O. Address Versailles, 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.