No. 2
2-43
17-39
X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1948

Registration District No. 16

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4030

State File No. 35530

Registrar's No.

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Golden City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 12 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton
(c) City or town Golden City
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Florence Agusta Aton

3. (b) If veteran, name war

3. (c) Social Security No. /

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife B.F. Aton

6. (c) Age of husband or wife if alive 89 years

7. Birth date of deceased Feb. (Month) 10 (Day) 1866 (Year)

8. AGE: Years 82 Months 9 Days 22 If less than one day br. min.

9. Birthplace Laport (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jonathon Benson /
13. Birthplace Iowa (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Jane Fierce
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Miss Myrtle Aton
(b) Address Golden City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cem. Golden City, Mo.

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Golden City, Mo.

19. (a) Dec. 4 - 1948 (Date received local registrar) (b) Hazel M. Pugh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd year 1948 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from June 21, 1947, to December 2, 1948, that I last saw her alive on Nov. 20, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death — Cardiac decompensation — 1 hr. 15 min.

Due to Hypertension — indefinite

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Raymond A. Carlson (M. D. or other) M.D.
Address Golden City, Mo. Date signed 12-3-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 12-48-1365
Date Filed 12-8-48

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... H. E. Pugh

Licensed Embalmer No. 3278

P. O. Address Golden City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.