

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30863

State File No.

FILED OCT 13 1949

BIRTH NO.		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3083</u>		Registrar's No. <u>162</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u> c. LENGTH OF STAY (in this place) <u>1 hr.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>unknown</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosa</u> b. (Middle) <u>Bell</u> c. (Last) <u>Atchley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 28 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 6 1886</u>		9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>22</u> IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook in Private home Preparing meals</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook in Private home Preparing meals</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laclede Co. Mo.</u>		11. BIRTHPLACE (State or foreign country) <u>U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James Hough</u>		13b. MOTHER'S MAIDEN NAME <u>Susan A. Digby</u>		14. NAME OF HUSBAND OR WIFE <u>Josh Atchley</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>4</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Susan Hough Lebanon R# 4</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Exsanguination</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Self-inflicted wounds</u> <u>Slashed wrist with razor blade</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Interval between ONSET AND DEATH <u>1 1/2 hrs.</u>			
19a. DATE OF OPERATION <u>Sept. 28 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Self-inflicted wounds</u>		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hotel</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lebanon, Laclede, Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 28 1949 4:00 am</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Self-inflicted</u>		22. I hereby certify that I attended the deceased from <u>9-28</u> , 1949, to <u>9-28</u> , 1949, that I last saw the deceased alive on <u>9-28</u> , 1949, and that death occurred at <u>5:30 A. m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>H. Carrington M. D.</u>		23b. ADDRESS <u>Lebanon, Mo.</u>	
23c. DATE SIGNED <u>9-30-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 30, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hough Chapel Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Laclede, Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Holman</u>		25b. ADDRESS <u>Lebanon, Mo.</u>		DATE REC'D BY LOCAL REG. <u>Oct. 2 1949</u>	
REGISTRAR'S SIGNATURE <u>Hella L. May</u>		424		424		424	

(Licensed Embalmer's Statement on Reverse Side)

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

Received OCT 9 1949
Laclede County Health Unit
File No. 10-49-147
Date Filed OCT 10 1949

676181 100
OCT 18 1949

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 _____
Student Embalmer

Signed Bersey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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 this body is not embalmed, fact should be so stated above.