

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1903

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5853 Registrar's No. 12

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Nodaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville - rural</u> | |
| c. LENGTH OF STAY (in this place) <u>5 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>1 mile north</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Family home</u> | | | |

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|---|-------------------------------|---|---------------------------------------|---|-----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | | |
| a. (First) <u>WILLIAM</u> | b. (Middle) <u>MELVIN</u> | c. (Last) <u>ATHERTON</u> | <u>1 12 50</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>2/16/91</u> | 9. AGE (In years last birthday) <u>58</u> | IF UNDER 1 YEAR Months Days | IF UNDER 4 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Repairman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u> | | 11. BIRTHPLACE (State or foreign country) <u>Elmo, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>William Martin Atherton</u> | | 13b. MOTHER'S MAIDEN NAME <u>Catherine Colvin</u> | | 14. NAME OF HUSBAND OR WIFE <u>ANITA MANN ATHERTON</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> | | 16. SOCIAL SECURITY NO. <u>1915-1919</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. W. M. Atherton, Maryville, Mo.</u> | |

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|---|--|--|--|--|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Occlusion about the</u> | | DUE TO (b) <u>Cerebral sclerosis not known</u> | | | 4201 |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc.: It means the disease, injury, or complication which caused death. | | DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |

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|--|--|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from Jan 10, 1950, to Jan. 12, 1950, that I last saw the deceased alive on Jan 11, 1950, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

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|---|--|---|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>J. A. Bleamer M. D.</u> | | 23b. ADDRESS <u>Maryville, Missouri</u> | | 23c. DATE SIGNED <u>Jan 24 50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>1/14/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Ashland</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u> | |

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>1-21-50</u> | | REGISTRAR'S SIGNATURE <u>Beas Holt</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home Maryville, Mo.</u> | |
|---|--|--|--|---|--|

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

0740

0740

JAN 30 1950



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 _____

ROBERT L. SOUTER

Student Embalmer No. *309*

working under my personal supervision.

Student

Robert L. Souter

Student Embalmer

Signed

John W. Price

Licensed Embalmer No.

4281

P. O. Address

Maryville 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.