

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29358**

16

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **4030** Registrar's No. **16**

0060

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

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) Golden City		c. CITY (If outside corporate limits, write RURAL and give township) Golden City 0060	
c. LENGTH OF STAY (in this place) 14 yrs.		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) BENJIMAN b. (Middle) FRANKLIN c. (Last) ATON			4. DATE OF DEATH (Month) (Day) (Year) Sept. 30. 1950		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 30, 1859	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months 1 Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) East St. Louis, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Aton	13b. MOTHER'S MAIDEN NAME Frances Wiles	14. NAME OF HUSBAND OR WIFE Florence Augusta Aton
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Miss Myrtle Aton, Golden City, Mo. ADDRESS _____
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Ventricular Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thromboangietitis obliterans DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Smoking - Pellagra			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **May 29, 1950**, to **Sept 30, 1950** that I last saw the deceased alive on **Sept 20, 1950** and that death occurred at **1:59 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Raymond C. Carlson (Degree or title) MD	23b. ADDRESS Golden City Mo.	23c. DATE SIGNED 10-1-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 2, 1950	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Golden City, Mo.
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DATE REC'D BY LOCAL REG. Oct. 2 1950	REGISTRAR'S SIGNATURE Walter H. Pugh	25. FUNERAL DIRECTOR'S SIGNATURE Phillips Funeral Home ADDRESS Golden City Mo.
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DEPARTMENT OF HEALTH OF MO.
Dist. File No. 5 - Springfield
RECEIVED OCT 10 1928
Dist. File 1050-202
Date Filed 10-10-28

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 J. F. Rugh

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 with the above constitutes grounds for revocation of license.)

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