

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **41341**

FILED DEC 19 1950

BIRTH NO. 124 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 110

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Lafayette</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u> | |
| c. LENGTH OF STAY (In this place) <u>4 days</u> | | d. STREET ADDRESS (If rural, give location) <u>214 W. 24th St. - Linn.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u> | | | |

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|--|-------------------------------|---|--|---|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u> b. (Middle) <u>Mae</u> c. (Last) <u>Atchley</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>December 6 1950</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Dec-24-50</u> | 9. AGE (In years last birthday) <u>70</u> | 10. MONTH <u>11</u> 11. DAY <u>12</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Wm. C. Poppin</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Rybi</u> | | 14. NAME OF HUSBAND OR WIFE <u>J. A. Atchley</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>J. A. Atchley</u> ADDRESS <u>Higginsville, Mo.</u> | |

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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, ashenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic cardio</u> Vascular disease Antecedent causes Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) <u>none</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4200</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial asthma</u> | | | | Unknown | |
| 19a. DATE OF OPERATION <u>none</u> | | 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) | |
| 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 Sept 10, 1949, to December 6, 1950, that I last saw the deceased alive on Dec 5, 1950, and that death occurred at 12:15 A.M., from the causes and on the date stated above.

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|--|--|---|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>J. E. Bumgarner M.D.</u> | | 23b. ADDRESS <u>Higginsville, Mo.</u> | | 23c. DATE SIGNED <u>12-8-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12-8-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>City cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Higginsville, Mo.</u> | | 24e. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. E. Cartwright</u> ADDRESS <u>Higginsville, Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Dec 16 1950</u> REGISTRAR'S SIGNATURE <u>Wm. E. Cartwright</u> | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File Number
12/18/50

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.

Signed _____
Student Embalmer

Signed Forrest A. Hooper

Licensed Embalmer No. 4858

P. O. Address Hinsville, 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.