

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **43370**

FILED DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **181**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY OR TOWN Nevada		c. CITY OR TOWN Center Township	
c. LENGTH OF STAY (in this place) 10 1/2 hrs		d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada City STREET ADDRESS East of Nevada (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Aaron Edward ATHERTON			4. DATE OF DEATH Nov. 12 1950		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married 1	8. DATE OF BIRTH 5-16-1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR 5 Months	IF UNDER 24 HRS. 27 Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jasper Newton Atherton	13b. MOTHER'S MAIDEN NAME Martha Ellen Lenox	14. NAME OF HUSBAND OR WIFE Minnie H. Atherton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Hugh E. Atherton, Nevada, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 X 2 1/2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic heart disease DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis			

19a. DATE OF OPERATION none	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) _____	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 9, 1948**, to **Nov 12, 1950**, that I last saw the deceased alive on **Nov 8, 1950**, and that death occurred at **4:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE Jay A. Chase M.D. (Degree or title)	23b. ADDRESS Nevada Mo	23c. DATE SIGNED 11/21/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-14-50	24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park	24d. LOCATION (City, town, or county) Nevada Missouri (State)
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DATE REC'D BY LOCAL REG. 11-27-50	REGISTRAR'S SIGNATURE Kathryn H. Yancy	25. FUNERAL DIRECTOR'S SIGNATURE Allen E. Harjo ADDRESS Nevada Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10.48
182
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DIVISION OF HEALTH OF MO. JAN 29 1951
District No. 5 - Springfield

RECEIVED DEC 11 1950

Dist. File 1250-2466

Date Filed 12-14-50

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.

Student
Student Embalmer

Signed Allen V. Hays.....

Licensed Embalmer No. 1968.....

P. O. Address Nevada, 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.