

FILED MAR 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8301

| | | | | | | | |
|--|--|---|-----------------|---|--------------------|---|---|
| BIRTH NO. | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. 922 | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | c. LENGTH OF STAY (in this place) 3 mos. | | c. CITY (If outside corporate limits, write RURAL and give township) Appleton City | | 0930 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital | | | | d. STREET ADDRESS (If rural, give location) NONE | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Lena | | | b. (Middle) Gee | | c. (Last) Atcheson | | 4. DATE OF DEATH (Month) (Day) (Year) 2-28-51 |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Apr 6, 1875 | |
| 9. AGE (In years last birthday) 75 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | | 11. BIRTHPLACE (State or foreign country) Sedalia, Missouri | |
| 12. CITIZENRY OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Delbert Lumpkin | | 13b. MOTHER'S MAIDEN NAME Emma A Hutchinson | | 14. NAME OF HUSBAND OR WIFE David Albert Atcheson | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. — | | 17. INFORMANT'S SIGNATURE OR NAME Dr. Bellfield Atcheson | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO "DEATH" (a) Congestive Heart Disease INTERVAL BETWEEN ONSET AND DEATH 2 mos. | | | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Coronary Artery Sclerosis 1 year | | DUE TO (c) Generalized Arteriosclerosis 2 years | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | Auricular Fibrillation 2 mos | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4201 | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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"/> | | 21h. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Jan 4, 1951, to Febr 28, 1951, that I last saw the deceased alive on Febr 28, 1951, and that death occurred at 7:20 P.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Graham Asher M.D. | | | | 23b. ADDRESS 1220 Professional Kansas City 6-100 | | 23c. DATE SIGNED Feb 3 - 1951 | |
| 24a. BURIAL, CREMATION, (REMOVAL) (Specify) BURIAL | | 24b. DATE 4 MAR 1 1951 | | 24c. NAME OF CEMETERY OR CREMATORY APPLETON CITY CEMETERY | | 24d. LOCATION (City, town, or county) (State) APPLETON CITY MISSOURI | |
| DATE REC'D BY LOCAL REG. 3-1-51 | | REGISTRAR'S SIGNATURE Geraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE D.H. Newcomer's Sons | | ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO. | |

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

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 Basil V Honey

Licensed Embalmer No. H 724

P. O. Address Cashland, 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.