

FILED APR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9408

BIRTH NO.		REG. DIST. NO. 234		PRIMARY REG. DIST. NO. 4353		Registrar's No. 7		
1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gideon,		c. LENGTH OF STAY (In this place) Mos.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gideon,		0720		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 3				
3. NAME OF DECEASED (Type or Print) a. (First) Jimmie b. (Middle) Stephen c. (Last) Atchley			4. DATE OF DEATH (Month) 3 (Day) 30 (Year) 51					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child		8. DATE OF BIRTH December 8th, 1950		
9. AGE (In years last birthday) 0		10. MONTHS 3		11. DAYS 22		12. IF UNDER 14 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Gideon, Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S.A.								
13a. FATHER'S NAME Royce Atchley			13b. MOTHER'S MAIDEN NAME Mary Thaxton			14. NAME OF HUSBAND OR WIFE Child		
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Royce Atchley Gideon, Mo.				
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) Faramin ovals reopened due to weakened condition caused by Influenza ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) by Influenza DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none					20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 481X				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. none		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from March 20, 1951, to March 30, 1951 , that I last saw the deceased alive on Mar. 31, 1951 , and that death occurred at 11 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE [Signature]				23b. ADDRESS Gideon Mo.		23c. DATE SIGNED Mar. 31/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-31-51		24c. NAME OF CEMETERY OR CREMATORY Stanfield		24d. LOCATION (City, town, or county) (State) Near Clarkton, Mo.		
DATE REC'D BY LOCAL REG April 2, 1951		REGISTRAR'S SIGNATURE Mrs. Byron Sharp		25. FUNERAL DIRECTOR'S SIGNATURE Lloyd M. Russell		ADDRESS P. 9907 Del.		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 11 1901

DISTRICT HEALTH OFFICE No. 6

File No.....

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~~

not embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....

Lloyd Russell

Signed.....
Student Embalmer

Licensed Embalmer No. *509-Ark*

P. O. Address *Piggott Ark*

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.