

FILED APR 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13096

532
1

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 463

1. PLACE OF DEATH a. COUNTY <u>Laclede</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u> c. LENGTH OF STAY (in this place) <u>35 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>819 Springfield Road</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u> d. STREET ADDRESS (If rural, give location) <u>819 Springfield Road</u>	
3. NAME OF DECEASED a. (First) <u>Floyd</u> b. (Middle) <u>Atchley</u> c. (Last) _____ (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) <u>April 9, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>March 13, 1916</u>
9. AGE (In years last birthday) <u>35</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Edgar Atchley</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Prescott</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>yes World War II</u>		16. SOCIAL SECURITY NO. <u>497-12-8852</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Gann Lebanon</u>		ADDRESS _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		443X	
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7: A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Richard L. Palmer</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Lebanon, Mo.</u>	
23c. DATE SIGNED <u>4-12-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4/11/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Atchley Cemetery near Lebanon Laclede Co. Mo.</u>	
24d. LOCATION (City, town, or county) _____ (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Holman</u>	
DATE REC'D BY LOCAL REG. <u>4-12-1951</u>		REGISTRAR'S SIGNATURE <u>Nella L. Day</u> ADDRESS <u>W.E. Holman Lebanon, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 14 1951

Received

Laclede County Health Unit

File No. 8-51-60

Date Filed APR 14 1951

APR 19 1951

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

working under my personal supervision.

Student Embalmer No.

Signed
Student Embalmer

Signed Orsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.