

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3679

State File No. _____

FILED FEB 4 1952

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bloomfield, Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bloomfield, Mo. Rural</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>Bunyon</u>	c. (Last) <u>ATHERTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 18 1952</u>
-------------------------------------	------------------------	---------------------------	---------------------------	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 13 1878</u>	9. AGE (In years last birthday) <u>74</u> Months <u>5</u> Days <u>3</u> Hours _____ Min. _____
--------------------	-------------------------------	---	-------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Scott Co. Milling Co</u>	11. BIRTHPLACE (State or foreign country) <u>Larue, Co Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
--	---	---	---

13a. FATHER'S NAME <u>Jack Atherton</u>	13b. MOTHER'S M maiden NAME <u>Anna Ford</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charley Atherton, Bloomfield, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential hypertension</u>		
	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 <u>331X</u>	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) (Minute) _____	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 5 1950 to Jan 11 1952, that I last saw the deceased alive on Jan 10 1952, and that death occurred at 9:55 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Harris</u> (Degree or title) _____	23b. ADDRESS <u>Bloomfield Mo</u>	23c. DATE SIGNED <u>Jan 21 1952</u>
--	-----------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 20 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bloomfield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stoddard Co Mo</u>
---	------------------------------	---	---

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Jan. 29 1952</u>	REGISTRAR'S SIGNATURE <u>Nose</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Service</u>	ADDRESS <u>Bloomfield Mo</u>
---	-----------------------------------	---	------------------------------

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

030
1

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

Walter Mark Watkins

Licensed Embalmer No.

4717

P. O. Address

Septon, Md.

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.