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

FILED NOV 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40106

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 390

1. PLACE OF DEATH
a. COUNTY St.Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Farmington Rural St.Francois
c. LENGTH OF STAY (In this place) 4 das.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri State Hospital No.4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri
b. COUNTY New Madrid 0720
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gideon /
d. STREET ADDRESS (If rural, give location) City

3. NAME OF DECEASED (Type or Print)
a. (First) OMER
b. (Middle) E.
c. (Last) ATCHLEY

4. DATE OF DEATH (Month) (Day) (Year) November 6, 1953

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /
8. DATE OF BIRTH December 3,1900
9. AGE (In years last birthday) 52 — If under 1 year: Months 11 Days 3 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming & Box Factory Worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Campbell, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Theodore Atchley
13b. MOTHER'S MAIDEN NAME Laura Kilgore
14. NAME OF HUSBAND OR WIFE Pauline Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 486-18-9221
17. INFORMANT'S SIGNATURE OR NAME Records, State Hospital No.4, Farmington, Mo. — **ADDRESS**

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus - - - - - - - - - - Abt. — INTERVAL BETWEEN ONSET AND DEATH: 4 das.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Auricular Fibrillation with Congestive Heart Failure - - - - - - - - - - - - - — 4 das.
DUE TO (c) Hypertensive cardiovascular renal disease - - - - - - - - - - - - - - - — Unknown

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 442X
20. AUTOPSY? YES ☐ NO ☒

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) m.
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* November 2, 19 53, *to* November 6, 19 53, *that I last saw the deceased alive on* November 6, 19 53, *and that death occurred at* 9:40P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] M.D.
23b. ADDRESS State Hospital No. 4, Farmington, Mo.
23c. DATE SIGNED 11-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-9-53
24c. NAME OF CEMETERY OR CREMATORY Stanfield Cemetery
24d. LOCATION (City, town, or county) (State) Clarkton, Missouri, Route 1

DATE REC'D BY LOCAL REG. Nov 6, 1953
REGISTRAR'S SIGNATURE Esther Rudloff 289-0
25. FUNERAL DIRECTOR'S SIGNATURE Landers Campbell Mo. — **ADDRESS**

(Licensed Embalmer's Statement on Reverse Side)

NOV 23 19

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 C H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.