

STANDARD CERTIFICATE OF DEATH

42311

State File No. _____

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4096 Registrar's No. 177

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RR², DREXEL, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R1 Drexel, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>0190</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>ATCHISON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 11 53</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 22, 1886</u>
9. AGE (In years last birthday) <u>67</u>		10. MONTHS <u>67</u>	11. DAYS <u>67</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>POLICE OFFICER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>KEARNEY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>BENJAMIN ALLEN ATCHISON</u>	13b. MOTHER'S MAIDEN NAME <u>ELLA TROMBO</u>	14. NAME OF HUSBAND OR WIFE <u>LILLIE PEARL ATCHISON</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>Don't know</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm W. Lehman</u> ADDRESS <u>5405 W. 73rd ST PRAIRIE VILLAGE ILL</u>
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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>Chronic myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial infarction</u> DUE TO (c) <u>Rheumatic heart disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>Short while</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>410X</u>	20. AUTOPSY? YES ☐ NO ☒
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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 5/4, 1953, to 12/10, 1953, that I last saw the deceased alive on 12/10, 1953 and that death occurred at 8 PM, from the causes and on the date stated above.

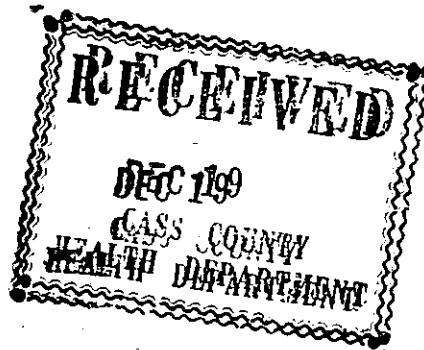
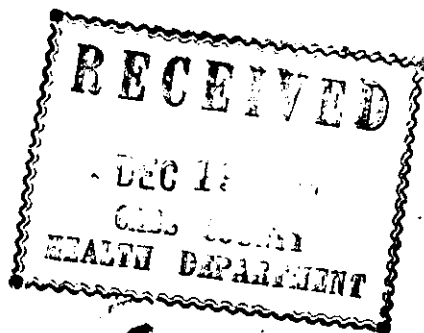
23a. SIGNATURE <u>Lawrence J. ...</u> (Degree or title)	23b. ADDRESS <u>Butler, Mo</u>	23c. DATE SIGNED <u>12/14/53</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-15-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Monica Cem</u>
24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>		

DATE REC'D BY LOCAL REG. <u>Dec 14, 1953</u>	REGISTRAR'S SIGNATURE <u>Dora Barnard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frances Warnell</u> ADDRESS <u>K.C. Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0190



OCT 10 1959

JAN 21 1959

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

Russell N. France

Licensed Embalmer No. *4255*

P. O. Address *K.C. 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.