No. 300
10-48

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 42311

FILED DEC 21 1953

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

0190

**1. PLACE OF DEATH**
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RR #1, DREXEL, MO.
c. LENGTH OF STAY (In this place): 10 MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R 1 Drexel, Mo
d. STREET ADDRESS (If rural, give location): 0190

**3. NAME OF DECEASED** (Type or Print): a. (First) WILLIAM b. (Middle) ALLEN c. (Last) ATCHISON

**4. DATE OF DEATH**: (Month) 12 (Day) 11 (Year) 53

**5. SEX**: MALE

**6. COLOR OR RACE**: WHITE

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED

**8. DATE OF BIRTH**: OCT. 22, 1886

**9. AGE** (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): POLICE OFFICER

**10b. KIND OF BUSINESS OR INDUSTRY**: FARMER

**11. BIRTHPLACE** (City and State or Foreign Country): KEARNEY, Mo.

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: BENJAMIN ALLEN ATCHISON

**13b. MOTHER'S MAIDEN NAME**: ELLA TROMBO

**14. NAME OF HUSBAND OR WIFE**: LILLIE PEARL ATCHISON

**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.**: don't know

**17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS**: Wm W. Lehman 5405 W. 73rd St PRAIRIE VILLAGE KANS

**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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Myocardial Ischemia

DUE TO (c): Arteriosclerotic heart disease

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: short while

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**: 410X

**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* 5/4 19 53, *to* 12/10, 19 53, *that I last saw the deceased alive on* 12/10, 19 53 *and that death occurred at* 8 m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Douglas L Thomas MD

**23b. ADDRESS**: Butler Mo

**23c. DATE SIGNED**: 12/14/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: 12-15-53

**24c. NAME OF CEMETERY OR CREMATORY**: Mt Moriah Cem

**24d. LOCATION** (City, town, or county) (State): Kansas City Mo

DATE REC'D BY LOCAL REG.: Dec 14, 1953

REGISTRAR'S SIGNATURE: Dora Barnard

**25. FUNERAL DIRECTOR'S SIGNATURE**: Frances Warnell

ADDRESS: K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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

## 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.