

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22898

BIRTH NO. _____ REG. DIST. NO. 269 PRIMARY REG. DIST. NO. 5760 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Dallas	
b. CITY (If outside corporate limits, write RURAL and give township) Fabius		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Dallas
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 8428	

3. NAME OF DECEASED (Type or Print) a. (First) Vivian Estelle b. (Middle) Winkles c. (Last) Atchison			4. DATE OF DEATH (Month) (Day) (Year) 7 14 1955		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/21/25	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months 11 Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Newnan, Georgia		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME R. E. Winkles	13b. MOTHER'S MAIDEN NAME Susie M. Pendergraft	14. NAME OF HUSBAND OR WIFE James Lamar Atchison
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 258-24-2827	17. INFORMANT'S SIGNATURE OR NAME ADDRESS R. H. Holbrook Newnan, Georgia

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Automobile accident		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Inquest pending DUE TO (c) Verdict of jury		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. "by the two cars colliding which was unavoidable"			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 8164	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) U.S. Highway #61	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fabius 064 26 Marion Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7/14/55 6:10PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile accident

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE H. M. O'Donnell	(Degree or title) Coroner	23b. ADDRESS Hannibal, Mo.	23c. DATE SIGNED 7/16/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/20/55	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Newnan, Georgia

DATE REC'D BY LOCAL REG. 7/18/55	REGISTRAR'S SIGNATURE Dr. E. M. Lucke, by Debra G. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Sprague Palmyra, Mo.
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Obtain Epitaph's Statement on Reverse Side

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

RECEIVED AUG 13 1955
MARION CO. HEALTH DEPT.
DATE FILED AUG 18 1955

AUG 15 1955

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.....
Signature of Student Embalmer

Signed H. M. O'Donnell.....

Licensed Embalmer No..... 3889

P. O. Address Hannibal, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.