No. 300
10-48

FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29164

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 346

0164

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 54 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 218 S Minnesota

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Gir
c. CITY OR TOWN: Cape Girardeau
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 1807 Woodlawn

0164

3. NAME OF DECEASED (Type or Print)
a. (First): Pearl
b. (Middle): H
c. (Last): Atchison

4. DATE OF DEATH (Month) (Day) (Year): Sept 8 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 11 1901
9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months: - Days: 27 Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stenographer
10b. KIND OF BUSINESS OR INDUSTRY: Banking- Red Cross
11. BIRTHPLACE (City and State or Foreign Country): Cape Girardeau Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Willis Martin
13b. MOTHER'S MAIDEN NAME: Annie Vogelsang
14. NAME OF HUSBAND OR WIFE: Fred Atchison (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: D. Know
17. INFORMANT'S SIGNATURE OR NAME: Donald Atchison
ADDRESS: Cape Girardeau Mo

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) Medullary Paralysis Increased Intracranial pressure — INTERVAL BETWEEN ONSET AND DEATH: 7-10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchiogenic Carcinoma — 12 Mo.
DUE TO (c) Primary carcinoma of breast — 15 Mo.

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: 170 X
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* _____, *1928, to* 9-8, *1955, that I last saw the deceased alive on* Sept. 8, *1955, and that death occurred at* 5:35 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. Marguerite Fuller (Degree or title) D.O.
23b. ADDRESS: 238 N. Pacific St. Cape Girardeau, Mo.
23c. DATE SIGNED: 9-12-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 11 1955
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo.

DATE REC'D BY LOCAL REG.: 9-13-55
REGISTRAR'S SIGNATURE: C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE: W. H. Estes
ADDRESS: Cape Gir. 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 emba

by me, or by Neil H. Grossheider, Student Embalmer No. 5.2

working under my personal supervision..

Student Neil H. Grossheider
Signature of Student Embalmer

Signed W. H. Estes

Licensed Embalmer No. 35

P. O. Address Cape Gi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.