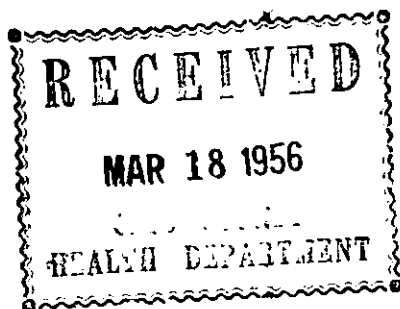


FILED MAR 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8399**

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 6227		Registrar's No. 38	
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass			
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Peculiar Twp.		c. LENGTH OF STAY (in this place) 20 days		c. CITY OR TOWN Drexel		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Please View Rest Home.				e. STREET ADDRESS (If rural, give location) No Street Numbers. 0140			
3. NAME OF DECEASED a. (First) MATTIE (Type or Print)		b. (Middle) MARTHA		c. (Last) ATCHISON		4. DATE OF DEATH (Month) (Day) (Year) Mar. 13, 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr. 14, 1874	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) household duties		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Camden, Missouri.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Sellmeyer		13b. MOTHER'S MAIDEN NAME Carolyn, Bal. Not Known, H. T. Atchison.		14. NAME OF HUSBAND OR WIFE Mrs. Ida Wright, Drexel, Mo.	
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. None.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida Wright, Drexel, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac insufficiency DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH ? ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 24 , 1956, to Mar. 13, 1956 , that I last saw the deceased alive on Mar 13, 1956 and that death occurred at 10:25A.m. , from the causes and on the date stated above.							
23a. SIGNATURE A. E. Fusch (Degree or title) D.O.				23b. ADDRESS Harrisonville, Missouri		23c. DATE SIGNED 3/15/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/15/56		24c. NAME OF CEMETERY OR CREMATORY Rockville		24d. LOCATION (City, town, or county) (State) Miami County, Kans.	
DATE REC'D BY LOCAL REG. 3/15/56		REGISTRAR'S SIGNATURE Morav Barward		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Drexel, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

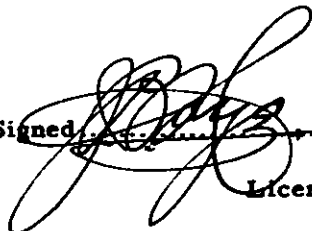


STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~of~~.....~~Student Embalmer No.~~.....

~~working under my personal supervision.~~

Student.....XXXXXXXXXXXXXXXXXXXXX
Signature of Student Embalmer

Signed .....J.B. Hays.....

Licensed Embalmer No..1950..

P. O. Address..Drexel..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.