

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39-000544
STATE FILE NUMBER

FILED JAN 27 1959

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 21

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, give TOWNSHIP only) OR TOWN HARRISONVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN DREXEL, MISSOURI Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hosp.		Length of stay in 1b 1 WEEK	d. STREET ADDRESS (If outside, give location) NONE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JAMES Middle ARTHUR Last ATCHISON			4. DATE OF DEATH Month 1 Day 19 Year 1959		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-14-1913	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY GENERAL	11. BIRTHPLACE (City and state or country) DREXEL, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME TROOP ATCHISON	13b. MOTHER'S MAIDEN NAME MATTIE Sellmeyer	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWII	16. SOCIAL SECURITY NO. 509-03-7772	17. INFORMANT Address Mrs. IDA WRIGHT DREXEL, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) uremia		INTERVAL BETWEEN ONSET AND DEATH 7 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) acute & chronic pleochromis	
	DUE TO (c) malnutrition	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 3221		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION HARRISONVILLE MO	COUNTY CASS	STATE MO
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21. I attended the deceased from 1-18-59 to 1-19-59 and last saw her alive on 1-19-59 Death occurred at 10 PM on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Deedee or title) Edward S. Jones, M.D.	22b. ADDRESS HARRISONVILLE MO	22c. DATE SIGNED 1-22-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-21-1959	23c. NAME OF CEMETERY OR CREMATORY Rockville, Cemetery	23d. LOCATION (City, town, or county) (State) Miami County Ks.
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24. FUNERAL DIRECTOR ADDRESS KUNYAN FUNERAL Home DREXEL Mo.	25. DATE RECD. BY LOCAL REG. 1-23-59	26. REGISTRAR'S SIGNATURE Mrs. Ray Selmer
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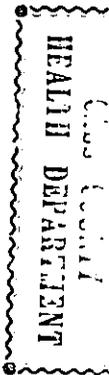
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300

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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 *General E White*

Licensed Embalmer No. *4956*

P. O. Address *Spaulding, K*

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.