

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002225

STATE FILE NUMBER

FEB 16 1959

Registration District No. 237 Primary Registration District No. 4353 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gideon</u>		c. CITY OR TOWN <u>Gideon</u> 0120	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>Home</u>	
Length of stay in lb <u>✓</u>		Reside on Farm Yes ☐ No ☒	

3. NAME OF DECEASED (Type or print) First Middle Last <u>LURA MAUD ATCHLEY</u>			4. DATE OF DEATH Month Day Year <u>2-7-1959</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH <u>Jan. 7, 1879</u>		9. AGE (In years last birthday) <u>80</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and state or country) <u>Gipton Co. Ind.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Kilgore</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Kirtley</u>	
14. NAME OF HUSBAND OR WIFE <u>W. J. Atchley</u>		15. WAS DECEASED EVER IN U. S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Mrs. Walter Macrom. Gideon Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cerebral Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>332x</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u> <u>15 yrs.</u>	

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	

21. I attended the deceased from <u>Jan. 15-1959</u> to <u>2-7-59</u> and last saw her alive on <u>2-6-59</u> . Death occurred at <u>7:30 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>F. J. Hopkins</u> (Degree or title)	22b. ADDRESS <u>Gideon, Mo.</u>
22c. DATE SIGNED <u>2-11-59</u>	

23a. BURIAL, CREMATION, REINTERMENT (Specify)	23b. DATE <u>2-9-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Stanfield</u>	23d. LOCATION (City, town, or place) (State) <u>Clarkton, Mo.</u>
24. FUNERAL DIRECTOR <u>Lloyd Russell Piggott</u>	25. DATE RECD. BY LOCAL REG. <u>Feb 2-10-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs F J Hopkins</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Lloyd Russell
Licensed Embalmer No. 509-6

P. O. Address Giggett, Ar

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.