No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 20 1959

State File No. 59-020124

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 3Rural Field. Castor
c. LENGTH OF STAY (in this place) 60 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Stoddard
c. CITY OR TOWN Bloomfield
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS 1030 (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Charles
b. (Middle) H
c. (Last) Atherton

4. DATE OF DEATH (Month) 4 (Day) 27 (Year) 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 24 1881
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (City and State or Foreign Country) Hoginsville Ky.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jack Atherton
13b. MOTHER'S MAIDEN NAME Ann Ford
14. NAME OF HUSBAND OR WIFE Mina Atherton.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mina Atherton. Bloomfield
ADDRESS 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 Mins

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Atherosclerosis — years
DUE TO (c) Arteriosclerotic Heart disease — years
Diabetes Mellitus — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senile Psychosis — 2 years.
Hypertension Sec. to above — years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
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* Aug, 1955, *to* April 27, 1959, *that I last saw the deceased alive on* April 26, 1959, *and that death occurred at* 3:20 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Stephen Parker M.D.
23b. ADDRESS Bloomfield Mo
23c. DATE SIGNED 5-4-59

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-29-59
24c. NAME OF CEMETERY OR CREMATORY Bloomfield cemetery
24d. LOCATION (City, town, or county) Bloomfield, Mo. (State)

DATE REC'D BY LOCAL REG. 5-11-59
REGISTRAR'S SIGNATURE Mrs. George L. Baker
25. FUNERAL DIRECTOR'S SIGNATURE Watkins & Sons Funeral Service
ADDRESS Bloomfield 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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Mark Withers

Licensed Embalmer No. 4717

P. O. Address Dexter M

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