

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041846

STATE FILE NUMBER

Registration District No. 26 Primary Registration District No. Registrar's No. 225

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

MEDICAL CERTIFICATION

BY AFFIDAVIT OF:

**FILED NOV 27 1961**

1. PLACE OF DEATH  
 a. COUNTY **Nodaway**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Elmo** Length of stay in 1b  
 c. CITY OR TOWN **Clearmont** Inside Limits Yes  No   
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Ford Hospital** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) **George** First **Barton** Middle **Athon** Last  
 4. DATE OF DEATH **Nov-4th-1961** Month **Nov** Day **4th** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **Wh** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **Sept-9-1879** 9. AGE (last birthday) **82** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer** 10b. KIND OF BUSINESS OR INDUSTRY **Gen Farm Work** 11. BIRTHPLACE (City and state or country) **Missouri** 12. CITIZEN OF WHAT COUNTRY **U S**

13a. FATHER'S NAME **Thomas Athon** 13b. MOTHER'S MAIDEN NAME **Nancy Hudson** 14. NAME OF HUSBAND OR WIFE **Maude Athon**

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 **Mrs William Griffin** Address **Coin, Iowa**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Cardiac asystole** INTERVAL BETWEEN ONSET AND DEATH **seconds**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 DUE TO (b) **Central inhibition due to cerebral and cerebellar arteriosclerosis** **few yrs.**  
 DUE TO (c) **Left ventricular failure due to arteriosclerotic heart disease.** **few days.**  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) **Parkinsonism due to arteriosclerosis, senility.** PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  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 Month, Day, Year a.m. p.m.  
 20d. INJURY OCCURRED WHILE AT WORK  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 **February 15, 1961** to **Nov. 4, 1961** and last saw <sup>her</sup> <sub>him</sub> alive on **Nov. 4, 1961**  
 Death occurred at **1:45 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Marvin Ford D.O.** 22b. ADDRESS **Elmo, Mo.** 22c. DATE SIGNED **Nov. 17, 61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Nov-7th-1961** 23c. NAME OF CEMETERY OR CREMATORY **Center Grove Cemetery** 23d. LOCATION (City, town, or county) (State) **Westboro, Missouri**

24. FUNERAL DIRECTOR **Tucker Funeral Home** ADDRESS **Westboro, Mo** 25. DATE RECD. BY LOCAL REG. **11-18 61** 26. REGISTRAR'S SIGNATURE **Deas Bolt**

**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 Ashley R Tucker, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ashley R Tucker

Licensed Embalmer No. 4757

P. O. Address Westboro, Missouri

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.