

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043277

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 91

**FILED DEC 3 1962**

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lexington</u>		Length of stay in lb <u>3 days</u>	c. CITY OR TOWN <u>Higginsville</u>
c. FULL NAME OF (If not in hospital, give location) <u>Memorial Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1309 Main</u>

3. NAME OF DECEASED (Type or print) First <u>Emmett</u> Middle <u>Darius</u> Last <u>Atchley</u>			4. DATE OF DEATH Month <u>November</u> Day <u>15</u> Year <u>1962</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/19/1912</u>	9. AGE (last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter &amp; Mill Right</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Koke City Arsenal</u>	11. BIRTHPLACE (City and state or country) <u>Higginsville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Darius M. Atchley</u>	13b. MOTHER'S MAIDEN NAME <u>Viola Overfelt</u>	14. NAME OF HUSBAND OR WIFE <u>Ora Kessner Atchley</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes M.H. 1942-43</u>		16. SOCIAL SECURITY NO. <u>499-14-4073</u>
17. INFORMANT <u>Mrs. Ora Atchley</u>		Address <u>Higginsville, 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>Acute myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>C.S.H.D.</u>		<u>2 1/2 years</u>
DUE TO (c) <u>  </u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Patient was hospitalized because of blood clot (and disorientation)</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.) <u>  </u>
20c. TIME OF INJURY Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u> Month, Day, Year <u>  </u>		
20d. INJURY OCCURRED WHILE AT WORK <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.) <u>  </u>	20f. CITY, TOWN, OR LOCATION <u>  </u> COUNTY <u>  </u> STATE <u>  </u>

21. I attended the deceased from <u>1932</u> to <u>11-15-62</u> and last saw <u>him</u> alive on <u>11-15-62</u> Death occurred at <u>12:55 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <u>Frederic E. Fulkerson M.D.</u>	22b. ADDRESS <u>Higginsville Mo.</u>	22c. DATE SIGNED <u>11-15-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 17, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City</u>	23d. LOCATION (City, town, or county) (State) <u>Higginsville, Mo.</u>
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24. FUNERAL DIRECTOR <u>Hiegers-Piekhof</u>	ADDRESS <u>Higginsville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-16-62</u>	26. REGISTRAR'S SIGNATURE <u>  </u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

6542

8542

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122-0

133-0

DEC 3 1962

JAN 16 1963

**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

*Forest W. Rickhof*

Licensed Embalmer No. \_\_\_\_\_

*4284*

P. O. Address

*Higginsville, 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.