

FILED AUG 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28487**
Registrar's No. **3920**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1001** _____

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| 1. PLACE OF DEATH a. COUNTY Jackson County | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY (Clinton) | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | c. LENGTH OF STAY in this place 7 days | c. CITY (If outside corporate limits, write RURAL and give township) Clinton, RFD 6 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital | | d. STREET ADDRESS (If rural, give location) RFD 6 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Alonzo | b. (Middle) Wilson | c. (Last) Atchison | 4. DATE OF DEATH (Month) (Day) (Year) Aug 6 - 1953 |
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|-----------------|---------------------------|--|------------------------------------|---|--|---|
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | 8. DATE OF BIRTH 9-14-69 | 9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ |
|-----------------|---------------------------|--|------------------------------------|---|--|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME not known | 13b. MOTHER'S MALDEN NAME not known | 14. NAME OF HUSBAND OR WIFE Sam L. Atchison |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME Sam L. Atchison | ADDRESS Clinton, Missouri |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 610X |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Bronchopneumonia | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Benzoyl Peroxide Hypertension DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION 8-1-53 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
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| 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) |
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|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE David M. Gibson (Degree or title) D. Pathologist | 23b. ADDRESS St. Luke's Hospital (C.C. No.) | 23c. DATE SIGNED Aug 6 53 |
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|--|------------------------------|--|---|
| 24a. BURIAL CREMATION (REMOVAL) (Specify) Burial | 24b. DATE 8-8-1953 | 24c. NAME OF CEMETERY OR CREMATORY Brownington cem | 24d. LOCATION (City, town, or county) (State) Henry Co Mo |
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| DATE REC'D BY LOCAL REG. 8-7-53 | REGISTRAR'S SIGNATURE Geraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Sickman-Danning | ADDRESS Clinton Mo |
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(Licensed Embalmer's Statement on Reverse Side)

SHOW UNPAID BACK INK - MAKE A PERMANENT RECORD

AUG 27 1953

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Robert L. Dunning

Signed.....
Student Embalmer

Licensed Embalmer No..... *4710*

P. O. Address *Clinton m*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.