

FILED DEC 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37420

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 517

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>CHEROKEE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbus</u> <u>8150</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>614 W. MAPLE</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>PLUNKET NURSERY Home</u>			

3. NAME OF DECEASED a. (First) <u>BIRDIA</u> b. (Middle) <u>M.</u> c. (Last) <u>ATHERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19, 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Sept. 7, 1880</u>		9. AGE (in years last birthday) <u>70</u>		IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>LACYGNE, KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>FRANK ATHERSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARY M TAYLOR</u>	
14. NAME OF HUSBAND OR WIFE <u>Not Married</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>509-09-3700A</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>GRACE SMITH</u>		ADDRESS			

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Valvular Heart</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.		DUE TO (b) <u>Arthritis Degenerative</u>		<u>20 yrs</u>	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4214</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 4, 1950 to Nov 19, 1950 that I last saw the deceased alive on Nov 19, 1950, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Dr. J. J. Jones, M.D.</u>		(Degree or title)		23b. ADDRESS <u>Joplin, Mo. 708 Bruce Bldg.</u>	
23c. DATE SIGNED <u>Nov 20, 50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>11-22-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>DEXTER CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>DEXTER KANSAS</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harbert Glover, Mortuary</u>	
DATE REC'D BY LOCAL REG. <u>11-21-50</u>		REGISTRAR'S SIGNATURE <u>Dr. J. J. Jones</u>		ADDRESS <u>Joplin, Mo. 7000</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

RECEIVED 12-4-50

Jasper County Health Office

County File Number 50-11-863

Date Filed 12-4-50

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
Student Embalmer

Signed.....

Ferry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address.....

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