

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13164**

FILED MAY 12 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 74

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

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>621 W. Monroe</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>621 W. Monroe St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) <b>May</b> c. (Last) <b>Atchison</b>			4. DATE OF DEATH <b>May 6, 1953</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov 8, 1873</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Hours	IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Perry, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Lina Shoults</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Kelch</b>		14. NAME OF HUSBAND OR WIFE <b>Virgil Atchison</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Virgil Atchison</b> ADDRESS <b>Mexico, Missouri</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic degenerative myocarditis</b>				<b>5 yrs</b>	
		ANTECEDENT CAUSES <b>acute myocardial infarction</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<b>?</b>	
		DUE TO (b) <b>Hypertensive Cardiac Vascular Disease</b> DUE TO (c) <b>None</b>					
		II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>					

19a. DATE OF OPERATION <b>X</b>		19b. MAJOR FINDINGS OF OPERATION <b>X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>X</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, post, office bldg., etc.) <b>X</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>X</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>X</b>	
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22. I hereby certify that I attended the deceased from 1948, 1956, to 5-6, 1953, that I last saw the deceased alive on Jan, 1953, and that death occurred at 12:00 pm, from the causes and on the date stated above.

23a. SIGNATURE <b>May J. Oberlin M.D.</b> (Degree or title)		23b. ADDRESS <b>Mexico, Missouri</b>		23c. DATE SIGNED <b>5-7-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-10-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Mexico, MO</b>	
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DATE REC'D BY LOCAL REG. <b>May 9, 1953</b>		REGISTRAR'S SIGNATURE <b>Blanche Neely</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>ARNOLD FUNERAL HOME</b> ADDRESS <b>Mexico, MO</b>	
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**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 Richard Y. McDonald

Licensed Embalmer No. 4825

P. O. Address Merio 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.