

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31611

FILED SEP 21 1954

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8314**

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Crawford</b>  |   |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>  |  | c. CITY OR TOWN <b>Cherryville</b>  | d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place)  |  | STREET ADDRESS (If rural, give location) <b>0281</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hosp.</b>  |  |   |   |
| 3. NAME OF DECEASED<br>a. (First) <b>Phillip</b>   |  | b. (Middle)   |   |
| c. (Last) <b>Atchison</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 7 54</b>  |   |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b>                    | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>   | 8. DATE OF BIRTH <b>July 14 1881</b>  |
| 9. AGE (In years last birthday) <b>73</b>  | IF UNDER 1 YEAR Months                           | IF UNDER 24 HRS. Days   | IF UNDER 1 HRS. Hours   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Crawford County Mo., 0</b>  |   |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>   |  |   |   |
| 13a. FATHER'S NAME <b>Mack Atchison</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Annie Launis</b>   |   |
| 14. NAME OF HUSBAND OR WIFE <b>Era Atchison</b>  |  |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>  |  | 16. SOCIAL SECURITY NO. <b>Nil.</b>   |   |
| 17. INFORMANT'S SIGNATURE OR NAME <b>Hobart Atchison</b>   |  | ADDRESS <b>2907 Greer Ave.,</b>   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                      |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocardial failure</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Chronic myocardial failure</b><br>DUE TO (c) <b>Peptic ulcer</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Cachexia</b> |   |
| INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>   |  | SIGNATURE <b>See Jno.</b>   |   |
| SIGNATURE <b>See Jno.</b>  |  | SIGNATURE <b>See Jno.</b>   |   |
| SIGNATURE <b>See Jno.</b>  |  | SIGNATURE <b>See Jno.</b>   |   |
| 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? <b>5400</b>   |  |   |   |
| 22. I hereby certify that I attended the deceased from <b>8-28, 1954</b> to <b>9-7, 1954</b> , that I last saw the deceased alive on <b>9-7, 1954</b> , and that death occurred at <b>307 P.M.</b> , from the causes and on the date stated above. |  |   |   |
| 23a. SIGNATURE <b>Walter H. Hoppe</b>  |  | 23b. ADDRESS <b>3108 S. Grand</b>   |   |
| 23c. DATE SIGNED <b>SEP 9 54</b>   |  |   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>   |  | 24b. DATE <b>9-7-54</b>   |   |
| 24c. NAME OF CEMETERY OR CREMATORY <b>Local</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>Steelville Mo.</b>   |   |
| DATE REC'D BY LOCAL REG. <b>SEP 9 1954</b>   |  | REGISTRAR'S SIGNATURE <b>Carl Smith</b>   |   |
| 25. FUNERAL DIRECTOR'S SIGNATURE <b>A.H. Hoppe</b>   |  | ADDRESS <b>4704 Washington Ave.</b>   |   |

(Licensed Embalmer's Statement on Reverse Side)

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

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 *John J. Haines*.....  
Licensed Embalmer No. *410*  
P. O. Address *St. Louis*

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.