

FILED NOV 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37265**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4910**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY LAYETTE	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (In this place) 26 days	c. CITY OR TOWN HIGGINSVILLE
d. FULL NAME OF HOSPITAL OR INSTITUTION MEMORAH MEDICAL CENTER		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 0541	

3. NAME OF DECEASED (Type or Print) JAMES	a. (First)	b. (Middle)	c. (Last) ATCHLEY	4. DATE OF DEATH (Month) (Day) (Year) 10 23 54
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 4, 1871	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY BRUNINGS NURSERY	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME EDWARD ATCHLEY	13b. MOTHER'S MAIDEN NAME MARY LOU	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME MRS LEE EDWARDS	ADDRESS 2911 JAUDON ST.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 153 X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably functional cardiac		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arrhythmia (no sig findings at autopsy) DUE TO (c)		

19a. DATE OF OPERATION 9-28-54 10-11-54	19b. MAJOR FINDINGS OF OPERATION Carcinoma of sigmoid	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)	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 **9-28, 1954**, to **10-23, 1954**, that I last saw the deceased alive on **10-23, 1954**, and that death occurred at **3:57 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Phillip H. Halperin M.D. (Degree or title)	23b. ADDRESS 701 E. 63rd St.	23c. DATE SIGNED 10/23/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE OCT 23, 1954	24c. NAME OF CEMETERY OR CREMATORY HIGGINSVILLE CITY CEMETERY	24d. LOCATION (City, town, or county) (State) HIGGINSVILLE, MISSOURI
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DATE REC'D BY LOCAL REG. 10-23-54	REGISTRAR'S SIGNATURE new minshall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER'S SONS	ADDRESS K.C.M.O.
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(Licensed Embalmer's Statement on Reverse Side)

1331 BRUSH CREEK

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Phillip H. Halperin

antigen

100 2 11 11
2/16/49

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 *Richard L. Rogers*

Licensed Embalmer No. *492*

P. O. Address *111*

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.