MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040470
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 179

FILED OCT 17 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED	INSTEAD OF	SHOULD READ	ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lebanon — Length of stay in Ib: 2 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Long Nursing Home — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Laclede
c. CITY OR TOWN: Lebanon — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 257 North Monroe — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Charley Middle: E. Last: Atchley
4. DATE OF DEATH: Month: Oct. Day: 12 Year: 1963
5. SEX: male
6. COLOR OR RACE: white
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 1-22-85
9. AGE (last birthday): 78 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerk
10b. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (City and state or country): Laclede County Mo
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Seth Atchley
13b. MOTHER'S MAIDEN NAME: Letitia Agee
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of
16. SOCIAL SECURITY NO.: A
17. INFORMANT: Miss Grace Roper Address: Lebanon, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pulmonary tuberculosis moderately advanced
DUE TO (c): Quiescent — 5 years +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypotension BP 80/50
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1960, to Oct 12, 1963 and last saw him alive on Oct 11, 1963.
Death occurred at 6 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James L. Hope, M.D.
22b. ADDRESS: Lebanon, Mo
22c. DATE SIGNED: 10/12/63

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: Oct. 13, 1963
23c. NAME OF CEMETERY OR CREMATORY: Lebanon City Cemetery
23d. LOCATION (City, town, or county) (State): Lebanon Missouri

24. FUNERAL DIRECTOR: Charles F. Tyler ADDRESS: Palmer Funeral Home Lebanon Mo (Licensed Embalmer's Statement on Reverse Side)
25. DATE RECD. BY LOCAL REG.: 10-12-1963
26. REGISTRAR'S SIGNATURE: Nella L. Day

Permit Issued 10-12-1963 W.A.P.

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 Charles T. Tyler

Licensed Embalmer No. 4534

P. O. Address Lebanon, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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