

FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13167

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 5797 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fortuna</u>		c. LENGTH OF STAY (In this place) <u>49 Yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fortuna</u>		d. STREET ADDRESS (If rural, give location) <u>68</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>3</u>	
3. NAME OF DECEASED a. (First) <u>Alpha Lenore</u> b. (Middle) <u>Atkeson</u> c. (Last) <u>Atkeson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 22, 1876</u>
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>20</u>	IF UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Moniteau Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>William Woods Snorgrass</u>	
13b. MOTHER'S MAIDEN NAME <u>Eliza Carpenter</u>		14. NAME OF HUSBAND OR WIFE <u>William J. Atkeson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. M. Berkey Mulberry, Kans.</u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterial hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>2317</u> Conditions contributing to the death but not related to the disease or condition causing death.	
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)	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 <u>4-11</u> , 19 <u>49</u> , to <u>4-11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-11</u> , 19 <u>49</u> , and that death occurred at <u>3 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Lewis D. Currier MD</u>		23b. ADDRESS <u>Versailles, Mo.</u>	23c. DATE SIGNED <u>4-14-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>14 April 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>	24d. LOCATION (City, town, or county) (State) <u>Tipton, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Apr. 15-1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. Maudie Hudson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Kull</u>	ADDRESS <u>Versailles, Mo.</u>

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 19 1949

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 *Raymond C. Lasher*

Licensed Embalmer No. *4626*

P. O. Address *Versailles, 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.