

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1666

State File No.

BIRTH NO. 1 REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4257 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden		c. LENGTH OF STAY (in this place) 4 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION: West 2nd Street		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden	
		d. STREET ADDRESS (If rural, give location) West Second Street	
3. NAME OF DECEASED (Type or Print) a. (First) Dorthulia b. (Middle) Virginia c. (Last) Atteberry			4. DATE OF DEATH (Month) (Day) (Year) Jan. 1 1949
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug 9, 1862
9. AGE (In years) 86		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Macon County, Missouri
12. CITIZEN OF WHAT COUNTRY? United States		13a. FATHER'S NAME John H. Agee	
13b. MOTHER'S MAIDEN NAME Martha A. Lynch		14. NAME OF HUSBAND OR WIFE Lewis Price Atteberry	
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. none	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Coral Isle Osborne Holden, Mo			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gen Arteriosclerosis	
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) none		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>June 4, 1946</u> , to <u>Jan 1, 1949</u> , that I last saw the deceased alive on <u>Dec 31, 1948</u> , and that death occurred at <u>1 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Kelly Paulins M.D.		23b. ADDRESS Holden Mo	
23c. DATE SIGNED 1/4/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/3/49	
24c. NAME OF CEMETERY OR CREMATORY Elmer Cemetery		24d. LOCATION (City, town, or county) (State) Elmer, Missouri	
DATE REC'D BY LOCAL REG. Jan 9, 1949		REGISTRAR'S SIGNATURE Mrs H D Redford	
25. FUNERAL DIRECTOR'S SIGNATURE Canada & Coy		ADDRESS Holden, Mo.	

JUL 12 1956

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 Samuel B. Rapp

Licensed Embalmer No. 4844

P. O. Address Halden, 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.