

No. 300
10-48
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FILED JAN 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1903**

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5783 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give town) Iberia, Rural, Richwoods Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Iberia, Rural, Richwoods Twp.	
c. LENGTH OF STAY (in this place) 56 yrs.		d. STREET ADDRESS (If rural, give location) 4 miles NW of Iberia, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION No			

3. NAME OF DECEASED (Type or Print) a. (First) Mattie b. (Middle) Irene c. (Last) Atwell			4. DATE OF DEATH (Month) (Day) (Year) January 15, 1949		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S NM 1	8. DATE OF BIRTH November 3, 1892	9. AGE (In years last birthday) 56	10. IF UNDER 1 YEAR Days 2 Hours 12 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Joel Atwell	13b. MOTHER'S MAIDEN NAME Rhoda Lee	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. No	17. INFORMANT'S SIGNATURE OR NAME <i>Ms. Maud White</i>	18. ADDRESS <i>San Diego California</i>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the rt. breast		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	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. 170		

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?

22. I hereby certify that I attended the deceased from June, 1948, to Jan., 1949, that I last saw the deceased alive on 1/14, 1949, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Wm. A. Gould</i>	(Degree or title) D.O.	23b. ADDRESS Iberia, Missouri	23c. DATE SIGNED 1/17/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 17, 1949	24c. NAME OF CEMETERY OR CREMATORY Tyler Cemetery	24d. LOCATION (City, town, or county) (State) Hancock, Missouri
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DATE REC'D BY LOCAL REG. Jan 17-1949	REGISTRAR'S SIGNATURE <i>Jessie Perkins</i>	195	25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter P. Hedger</i>	ADDRESS <i>Berea, Mo</i>
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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.....

Walter P. Hedges

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Walter P. Hedges*

Licensed Embalmer No. *4265*

P. O. Address *Iberia, 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.