S: No. 300
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FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13181

BIRTH NO. _____ REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 5810 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Montgomery Co. Rural Loutre T.P.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rhineland, Mo. Rural
c. LENGTH OF STAY (In this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY: Montgomery.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rhineland, Mo. Rural Near Ames-rous, Mo
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Rufus b. (Middle) Gilbert c. (Last) Atterberry, Jr

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: June 12th 1945

9. AGE (In years last birthday): 3 — 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):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gatesville, Tex.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Rufus Gilbet Atterberry

13b. MOTHER'S MAIDEN NAME: Phyllis Jane Sanford

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Rufus G. Atterberry Rhineland

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status Lymphaticus — INTERVAL BETWEEN ONSET AND DEATH:

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.* 273X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

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): Rhineland - Loutre Twp Montgomery Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Unknown m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?:

22. *I, hereby certify that I ~~attended~~ the deceased from* 23 Apr, 19 49, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vincent W. Turner A. Coroner

23b. ADDRESS: Rhineland Mo

23c. DATE SIGNED: 23 Apr 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 24-1949

24c. NAME OF CEMETERY OR CREMATORY: Baptist

24d. LOCATION (City, town, or county) (State): Big Spring, Mo.

DATE REC'D BY LOCAL REG.: April-24-49

REGISTRAR'S SIGNATURE: Mrs Nana Lee Thompson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Parker Funeral Home Ames, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
MAY 10 1949
Date Filed

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 D.B.Baker, Student Embalmer No. .....,
working under my personal supervision.

Signed D B Baker

Signed .....
Student Embalmer

Licensed Embalmer No. 3375

P. O. Address Americus, 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.