

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20726
Registrar's No. 5049

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY RIPLEY 91					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 0		c. LENGTH OF STAY (in this place) 12 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OXLEY 0					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION BARNARD FREE SKIN & CANCER HOSP.				d. STREET ADDRESS (If rural, give location) W.R. BOX 3 0					
3. NAME OF DECEASED (Type or Print)		a. (First) WILLIAM		b. (Middle) F.		c. (Last) ATTEBERRY			
4. DATE OF DEATH		(Month) JUNE		(Day) 8		(Year) 49			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 1-12-1870			
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 4		IF UNDER 1 YEAR Days 27		IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME MINOR ATTEBERRY		13b. MOTHER'S MAIDEN NAME JENNIE MANDYKE		14. NAME OF HUSBAND OR WIFE CHRISTINA ATTEBERRY					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS HOSPITAL RECORD					
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) Carcinoma floor of mouth 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. Advanced arteriosclerosis 10 yrs						INTERVAL BETWEEN ONSET AND DEATH 11 mo	
19a. DATE OF OPERATION 6-3-49		19b. MAJOR FINDINGS OF OPERATION Carcinoma of mouth with neck metastases						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) ST. Louis MO.		21d. HOW DID INJURY OCCUR 45 x 15 ft			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from 4/1/49, 19, to 6/8/49, 19, that I last saw the deceased alive on 6/7/49, 19, and that death occurred at 1:49 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Paul D. Keller M.D.				23b. ADDRESS 3427 Washington (3)		23c. DATE SIGNED 6/8/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-8-49		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Dixon Mo.			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE J. B. Casater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service 4164 Manchester Ave.					

JUN 10 1949

(Licensed Embalmer's Statement on Reverse Side)

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

5049

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 J. Allen Davis Jr.
Licensed Embalmer No. 405-B
P. O. Address At Lewis, 10

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.