

FILED JAN 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42513

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 137

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

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give township) LOUISIANA		c. CITY (If outside corporate limits, write RURAL and give township) LOUISIANA	
c. LENGTH OF STAY (in this place) 30 HOURS		d. STREET ADDRESS (If rural, give location) JONES ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION MINERAL SPRING HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) BETTY b. (Middle) JEAN c. (Last) ATTEBURY			4. DATE OF DEATH (Month) (Day) (Year) DEC 27 1951		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH JULY 2, 1933		9. AGE (In years last birthday) Months Days 18 5 24		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory	
11. BIRTHPLACE (State or foreign country) NEW LONDON, MO. RT # 2		12. CITIZEN OF WHAT COUNTRY U.S.			

13a. FATHER'S NAME JAMES N. ATTEBURY		13b. MOTHER'S MAIDEN NAME GOLDIE MAY DODD		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO		16. SOCIAL SECURITY NO. 486-38-5271		17. INFORMANT'S SIGNATURE OR NAME JAMES N. ATTEBURY, LOUISIANA, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial		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) decompensation		1 yr.	
DUE TO (c) Root infection & infected teeth & throat.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		indefinite	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? 4222	

22. I hereby certify that I attended the deceased from **DEC. 25, 1951**, to **DEC 27, 1951**, that I last saw the deceased alive on **DEC 27, 1951**; and that death occurred at **1:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]		23b. ADDRESS LOUISIANA, MO.		23c. DATE SIGNED DEC 27, '51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/29/51		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	
24d. LOCATION (City, town, or county) (State) Louisiana, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]			

DATE REC'D BY LOCAL REG. Dec. 28, 1951		REGISTRAR'S SIGNATURE Bernice Collier		ADDRESS Sterne Funeral Home, Louisiana, Missouri	
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Date Received: JAN 4 1952
DISTRICT HEALTH OFFICE #2
District File Number 1-52-2363
Date Filed: JAN 5 1952

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. B. Stone

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.