

STANDARD CERTIFICATE OF DEATH

State File No. 1112

FILED MAR 24 1952

BIRTH NO.

REG. DIST. NO. 65

PRIMARY REG. DIST. NO. 4114

Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mendon		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mendon 0210	
d. STREET ADDRESS (If rural, give location) 0		4. DATE OF DEATH (Month) (Day) (Year) 3/16/52	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) J c. (Last) Atterbury		5. SEX M 0	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	
8. DATE OF BIRTH Nov 7/1895		9. AGE (In years last birthday) 56	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Mendon Mo.		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME H C Atterbury		13b. MOTHER'S MAIDEN NAME Stella Minor	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) yes 1st World War	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME H H Atterbury	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Congestion	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4-201	
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) (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 Mar 16, 1952, to Mar 16, 1952, that I last saw the deceased alive on Mar 16, 1952, and that death occurred at 1:00p.m., from the causes and on the date stated above.	
23a. SIGNATURE W H Payne (Degree or title) J. O.		23b. ADDRESS Mendon Mo.	
23c. DATE SIGNED 3-18-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 3/18/52		24c. NAME OF CEMETERY OR CREMATORY Salisbury	
24d. LOCATION (City, town, or county) (State) Salisbury Mo.		25. FUNERAL DIRECTOR'S SIGNATURE S. H. HEIPARD	
DATE REC'D BY LOCAL REG. 3-18-52		REGISTRAR'S SIGNATURE Mildred Basler 56-8	
25. FUNERAL DIRECTOR'S SIGNATURE S. H. HEIPARD		ADDRESS Mendon Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 6 1932

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 S. L. Shepard

Licensed Embalmer No. 3970

P. O. Address Mendon 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.