

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41232

State File No. _____

0980

FILED NOV 18 1952

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4478 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>SCHUYLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SCHUYLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANCASTER</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANCASTER</u>	
c. LENGTH OF STAY (In this place) <u>high</u>		d. STREET ADDRESS (If rural, give location) <u>_____</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>_____</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANCASTER</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMETT</u> b. (Middle) <u>LESTER</u> c. (Last) <u>ATTEBERY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 10-52</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Aug 27, 1884</u>	9. AGE (In years last birthday) <u>68</u>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BLACKSMITH</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>_____</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SAVANA IOWA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Robert G. Attebery</u>		13b. MOTHER'S MAIDEN NAME <u>Polly Ann Davis</u>	
13c. NAME OF HUSBAND OR WIFE <u>Emma Attebery</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Attebery</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>_____</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Attebery</u>		17. ADDRESS <u>Lancaster, Mo</u>	

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 <u>Angiopathic heart / Sclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>26 Months</u> ANTECEDENT CAUSES <u>Renal insufficiency</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>_____</u> DUE TO (c) <u>_____</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>3561</u>		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)	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 8-12-52, 1952, to 11-7-52, that I last saw the deceased alive on 11-7-, 1952, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Lancaster Mo</u>	23c. DATE SIGNED <u>11-12-52</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 12-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Archie Memorial</u>
24d. LOCATION (City, town, or county) (State) <u>Lancaster, Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Lancaster Mo</u>	

DATE REC'D BY LOCAL REG. Nov 12/52 REGISTRAR'S SIGNATURE [Signature] 353-0
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD.

APR 12 1955

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

Eugene B. Head

Licensed Embalmer No. 4038

P. O. Address Lancaster 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.