

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5246 Registrar's No. 6

0210
1

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

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Musselfork Twp—Rural		c. LENGTH OF STAY (In this place) 11 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Musselfork Twp—Rural		d. STREET ADDRESS (If rural, give location) R 3—Marceline	
d. FULL NAME OF HOSPITAL OR INSTITUTION R 3—Marceline, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Luther b. (Middle) Martin c. (Last) Atterbury			4. DATE OF DEATH (Month) (Day) (Year) Jan 21, 1953		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 11, 1886		9. AGE (In years last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) Chariton, Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John Atterbury		13b. MOTHER'S MAIDEN NAME Elizabeth Neighbors		14. NAME OF HUSBAND OR WIFE Irene C. Atterbury	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Irene C. Atterbury, Marceline, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS ANTECEDENT CAUSES CORONARY SCLEROSIS DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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 _____, 1948, to 1-22, 1953 that I last saw the deceased alive on 1-17, 1953 and that death occurred at 10:20 a.m., from the causes and on the date stated above.

22a. SIGNATURE <i>[Signature]</i>		(Degree or title)		23b. ADDRESS Marceline, Mo		23c. DATE SIGNED 1-23-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 25, 1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant		24d. LOCATION (City, town, or county) (State) near Mike, Mo.	

DATE REC'D BY LOCAL REG. 1/24/53		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James M. Laughlin, Marceline, Mo.	
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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 _____ X

Student Embalmer No. _____ X

working under my personal supervision.

Student _____ X
Student Embalmer

Signed

George W. Darrall

Licensed Embalmer No. 4799

P. O. Address Marble, 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.