

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6790

State File No.

FILED FEB 26 1953

BIRTH NO.		REG. DIST. NO. <u>195</u>		PRIMARY REG. DIST. NO. <u>4305</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>McDonald</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>McDonald</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anderson</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anderson</u>		0622 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u> b. (Middle) <u>Jerusha</u> c. (Last) <u>DeAtley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 2 1953</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W 2</u>	8. DATE OF BIRTH <u>3-27-1870</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HW</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Ashville N C</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Dr Martin V B Reece</u>		13b. MOTHER'S MAIDEN NAME <u>Mary L Patterson</u>		14. NAME OF HUSBAND OR WIFE <u>Alva L DeAtley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lena B Berry</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>	ANTECEDENT CAUSES						<u>6 months</u>
DUE TO (b) <u>Hypertensive Heart disease</u>	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						<u>2 year</u>
DUE TO (c) <u>Arteriosclerosis</u>	II. OTHER SIGNIFICANT CONDITIONS						<u>year</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>						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) (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 <u>1-1</u> , 19 <u>48</u> , to <u>2-2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2-31</u> , 19 <u>53</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. D. Blankenship M.D.</u>				23b. ADDRESS <u>Anderson Mo.</u>		23c. DATE SIGNED <u>2-4-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-4-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anderson</u>		24d. LOCATION (City, town, or county) (State) <u>Anderson Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-23-53</u>		REGISTRAR'S SIGNATURE <u>Marye Henderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Tatum Funeral Home Anderson Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

600

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..... *Looby Thompson*

Licensed Embalmer No. *4861*

P. O. Address *Hickory, 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.