

FILED FEB 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6913**

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4337 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Monroe	
b. CITY OR TOWN Madison		c. CITY OR TOWN Madison	
c. LENGTH OF STAY (in this place) lifetime		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION none			

3. NAME OF DECEASED (Type or Print) a. (First) Eugene b. (Middle) Atterbury c. (Last) Atterbury			4. DATE OF DEATH (Month) (Day) (Year) 2/13/1953		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3/8/1871	9. AGE (In years last birthday) 81	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mule buyer & farmer		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (State or foreign country) Madison, Monroe Co Mo	12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Isaac Newton Atterbury	13b. MOTHER'S MAIDEN NAME Mary Baker	14. NAME OF HUSBAND OR WIFE Teagie Waller
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. none	17. INFORMANT'S SIGNATURE OR NAME Man G. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocarditis		INTERVAL BETWEEN ONSET AND DEATH 3 weeks
	ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) 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	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 Jan 23, 1953, to Feb 13, 1953, that I last saw the deceased alive on Feb. 10, 1953, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Turner, D.O.	23b. ADDRESS Madison, Mo	23c. DATE SIGNED 2-14-53
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2/15/53	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill
24d. LOCATION (City, town, or county) (State) Madison, Monroe Co		

DATE REC'D BY LOCAL REG. 2-16-53	REGISTRAR'S SIGNATURE Elsie Robertson	471-	25. FUNERAL DIRECTOR'S SIGNATURE Tred G. Thompson	ADDRESS Madison Mo
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

0690

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

Mr. Fred A. Thompson

Licensed Embalmer No. 3282

P. O. Address *.....*

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.