

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

10690

State File No. 45

FILED APR 15 1953

BIRTH NO.		REG. DIST. NO. 229		PRIMARY REG. DIST. NO. 4343		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Montgomery Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Montgomery.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Florence, Mo.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Florence, Mo.</u> 0700			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 8			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>		b. (Middle) <u>Virginia</u>		c. (Last) <u>Atterberry.</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 8th 1891</u>	
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Near Mineola, Mo.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>John W. Atterberry.</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie L. McClellan.</u>		14. NAME OF HUSBAND OR WIFE <u>James M. Atterberry.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruth W. Atterberry</u> ADDRESS <u>New Florence, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardio respiratory failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>  <u>Several years</u>  <u>Several years</u>	
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 <u>March 1, 1953</u> , to <u>March 31, 1953</u> , that I last saw the deceased alive on <u>March 31, 1953</u> , and that death occurred at <u>7:40p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. H. Thompson</u> (Degree or title) <u>DO</u>				23b. ADDRESS <u>New Florence, Mo.</u>		23c. DATE SIGNED <u>4-3-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 4-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Florence Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near New Florence, Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-4-53</u>		REGISTRAR'S SIGNATURE <u>Jo Helm MD-207</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barth A. Miller</u> ADDRESS <u>American MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

*W B Baker*

Licensed Embalmer No. 3375

P. O. Address Americus, 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.