

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26283

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 873

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) Most of life		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2938 Sylvania Street		e. STREET ADDRESS (If rural, give location) 2938 Sylvania Street 01170	

3. NAME OF DECEASED (Type or Print) Edward Lewis Attrill			4. DATE OF DEATH August 7, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH August 29, 1881		9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Grocer	
10b. KIND OF BUSINESS OR INDUSTRY Grocery retail		11. BIRTHPLACE (City and State or Foreign Country) Holton, Kansas.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME James Blackburn Attrill		13b. MOTHER'S MAIDEN NAME Ariadne Lewis		14. NAME OF HUSBAND OR WIFE Hattie K. Attrill	
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. O. W. Watkins sr. ADDRESS St. Joseph, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage, gastrointestinal, stibology undetermined 3 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Antenatal heart disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
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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) (Minute)		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 1953, to Aug 7, 1954, that I last saw the deceased alive on 7 Aug., 1954, and that death occurred at 11:10Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Willie P. McDonald, M.D.</u>		23b. ADDRESS <u>301 N. 8th St., City</u>		23c. DATE SIGNED <u>9 Aug '54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Aug. 9, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
24d. LOCATION (City, town, or county) <u>St. Joseph, Missouri.</u>		24e. (State)			

DATE REC'D BY LOCAL REG. <u>Aug 11, 1954</u>		REGISTRAR'S SIGNATURE <u>Earl M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Heman</u> ADDRESS <u>St. Joseph, Mo.</u>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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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 .....\*\*\*\*.....\*\*\*\*....., Student Embalmer No.....\*\*\*\*\* working under my personal supervision..

Student.....\*\*\*\*.....\*\*\*\*\*  
Signature of Student Embalmer

Signed

*Raymond W. Mork*

Licensed Embalmer No. 4413. M

P. O. Address.. St. Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.