

No. 38  
10-48

FILED OCT 11 1954

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

31275

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5785 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Route #1 Charleston</b>		c. LENGTH OF STAY (in this place)	
3. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Residence, R. #1</b>		d. STREET ADDRESS (If rural, give location) <b>Route #1 Charleston, Mo.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Walter</b> b. (Middle) <b>Phillip</b> c. (Last) <b>Atteberry</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 2, 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July, 10, 1882</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days <b>0 0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dairy Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dairy Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>McCool, Miss.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>James Atteberry</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Proctor</b>		14. NAME OF HUSBAND OR WIFE <b>Hattie Atteberry</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Hattie Atteberry, Charleston, Mo. R. #1</b>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ac. Coronary Occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive heart disease</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Ac. Cholecystitis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>  <b>3 yr</b>  <b>26 hours</b>
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19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>		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)		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 July 31, 1954, to Aug 2, 1954, that I last saw the deceased alive on Aug 1, 1954, and that death occurred at 8:15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. C. Chas. Palmer, M.D.</b>		23b. ADDRESS <b>Charleston Mo</b>		23c. DATE SIGNED <b>8-3-54</b>	
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24a. BURIAL, CREMATION, REMOVAL, BURIAL (Specify)		24b. DATE <b>8/4/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Charleston, No.</b>	
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DATE REC'D BY LOCAL REG. <b>9-30-54</b>		REGISTRAR'S SIGNATURE <b>John Starnes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>The Tunnel ee Funeral Chapel, Charleston, Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 8 REC'D

RECEIVED  
Miss. Co. Health Dept  
County File No. \_\_\_\_\_  
Date Filed OCT 7 1964

**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 John F. Muscarella Jr  
Licensed Embalmer No. 3851

P. O. Address Charleston, S.C.

**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.