

FILED MAY 2 1955

STANDARD CERTIFICATE OF DEATH

State File No. 11537

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 370

1. PLACE OF DEATH a. COUNTY <u>Green</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DALLAS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY OR TOWN <u>Charity</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>8 Days</u>		e. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist</u>			
3. NAME OF DECEASED a. (First) <u>Lee</u> (Type or Print)		b. (Middle) <u>Atteberry</u>	c. (Last) <u>Atteberry</u>
4. DATE OF DEATH (Month) <u>April</u> (Day) <u>25</u> (Year) <u>1955</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Feb 23 1871</u>	
9. AGE (In years last birthday) <u>84</u>		10. <input type="checkbox"/> UNDER 1 YEAR Months <u>1</u> Days <u>29</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>DALLAS County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	
13a. FATHER'S NAME <u>William K Atteberry</u>		13b. MOTHER'S MAIDEN NAME <u>JANE DRAVISON</u>	
13c. NAME OF HUSBAND OR WIFE <u>Eloise Atteberry</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Eloise Atteberry</u>	
17. ADDRESS <u>Charity 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, asthma, etc. It means the disease, injury, or complication which caused death.	

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cerebral Artery Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
ANTECEDENT CAUSES <u>Arterial sclerosis</u>		
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Trans cervical fracture left femur</u>		Interval between onset and death <u>8 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>4-14-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Displaced trans-cervical fracture left femur</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Charity Dallas Missouri</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>4-14-55 19:55 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>Tripped and fall</u>	

22. I hereby certify that I attended the deceased from 4-14, 1955, to 4-22, 1955, that I last saw the deceased alive on 4-21, 1955, and that death occurred at 1:05 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank N. Lundstrom M.D.</u>		23b. ADDRESS <u>1211 So. Glenstone, Springfield Mo.</u>		23c. DATE SIGNED <u>4-25-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 24 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Charity Ceme.</u>	
24d. LOCATION (City, town, or county) (State) <u>DALLAS County Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. B. Jones</u>		25. ADDRESS <u>Buffalo Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-26-55</u>		REGISTRAR'S SIGNATURE <u>Laura Williamson</u>			

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.....
Signature of Student Embalmer

Signed..... *Man B. Jones*

Licensed Embalmer No. *4322*

P. O. Address..... *Buffalo, W.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.