

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16097**

BIRTH NO. _____ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **4345** Registrar's No. **16**

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

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo b. COUNTY New Madrid	
b. CITY OR TOWN Matthews		c. CITY OR TOWN Rural	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) 3 yrs		e. STREET ADDRESS (If rural, give location) R#1 Portageville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sells Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Joseph	b. (Middle) Nicholas	c. (Last) McAtee	4. DATE OF DEATH (Month) (Day) (Year) Mar 21, 1955
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unmarried	8. DATE OF BIRTH Sept. 16, 1871	9. AGE (In years last birthday) 83	10 UNDER 1 YEAR 6 Months	11 UNDER 1 YEAR 5 Days	12 UNDER 1 YEAR 5 Hours	13 UNDER 1 YEAR 5 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Farmer	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) Washington, Ind. 1	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George McAtee	13b. MOTHER'S MAIDEN NAME Martha Brewer	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Nick McAtee - Gudon	ADDRESS Mo
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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		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Demerol of leg		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis		
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"/>
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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) 4501
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **March 1953**, to **March 1955**, that I last saw the deceased alive on **March 7, 1955**, and that death occurred at **5:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. C. Citchlow MD	23b. ADDRESS Seberston, Mo	23c. DATE SIGNED May 20, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 23, 1955	24c. NAME OF CEMETERY OR CREMATORY Portageville Cem.	24d. LOCATION (City, town, or county) (State) Portageville, Mo
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DATE REC'D BY LOCAL REG. 26 May 55	REGISTRAR'S SIGNATURE Johnny L. Roddy Reg.	512	25. FUNERAL DIRECTOR'S SIGNATURE DeBiste Funeral Parlor - Portageville, Mo	ADDRESS
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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 *Joseph A. [Signature]*.....
Licensed Embalmer No. *448*.....
P. O. Address *[Signature]*.....

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.