

FILED JUN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19494

State File No.

BIRTH NO.		REG. DIST. NO. <u>230</u>		PRIMARY REG. DIST. NO. <u>5810</u>		Registrar's No. <u>87</u>	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</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>Rural - Lower Loutre Twp.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Lower Loutre Twp.</u> <u>0100</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mi. S.E. Americus</u>				d. STREET ADDRESS (If rural, give location) <u>1 mi. S.E. Americus</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARLENE</u>		b. (Middle)		c. (Last) <u>ATTERBERRY</u>	
						4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 1955</u>	
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>June 16, 1955</u>	
9. AGE (In years last birthday) <u>0</u>		10. MONTHS <u>0</u>		11. DAYS <u>16</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Montgomery Co.</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Rufus Gilbert Atterberry</u>		13b. MOTHER'S MAIDEN NAME <u>Phyllis Jane Sanford</u>		14. NAME OF HUSBAND OR WIFE			
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>Phyllis Jane Atterberry, Americus, 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>Asphyxiation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PRECIPITATE BIRTH -</u> DUE TO (c) <u>BEFORE HELP CAME</u> 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>10 min</u> <u>10 min</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7610</u>				20. AUTOPSY? YES ☐ NO ☒	
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-16-55</u> , 19 <u>55</u> , to <u>6-16</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>June 17, 1955</u> , and that death occurred at <u>9:10 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. W. C. Asdale</u> (Degree or title) <u>2 D.O.</u>		23b. ADDRESS <u>Montgomery City, Mo.</u>				23c. DATE SIGNED <u>6-17-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-17-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Big Spring, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 17, 1955, Mrs. Eunice Bush</u>		REGISTRAR'S SIGNATURE <u>432</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. C. Asdale</u>		ADDRESS <u>Americus, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

Name of Deceased (Print Name)		Date of Death (Print Date)		Place of Death (Print Place)	
Name of Embalmer (Print Name)		License No. (Print Number)		State of (Print State)	
Name of Funeral Home (Print Name)		Address of Funeral Home (Print Address)		City and State (Print City and State)	
Name of Undertaker (Print Name)		Address of Undertaker (Print Address)		City and State (Print City and State)	

Name of Person to be Embalmed (Print Name)		Address of Person to be Embalmed (Print Address)		City and State (Print City and State)	
Name of Person to be Embalmed (Print Name)		Address of Person to be Embalmed (Print Address)		City and State (Print City and State)	

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 _____, working under my personal supervision.

Student Embalmer No. _____

Student _____

Student Embalmer _____

Signed _____

Licensed Embalmer No. _____

Address _____

P. O. Address _____

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.