

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22017

FILED AUG 11 1955

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3166

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> |  | c. CITY OR TOWN <u>KANSAS CITY</u>  |  |
| c. LENGTH OF STAY (In this place) <u>30 YEARS</u>                                       |  | 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 <u>RESEARCH HOSPITAL</u>                        |  | e. STREET ADDRESS (If rural, give location) <u>9220 WALNUT STREET</u>   |  |

|  |  |                                   |  |  |  |   |  |
|--|--|-----------------------------------|--|--|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>HELMMA</u>  |  | b. (Middle) <u>F.</u>             |  | c. (Last) <u>ATTEBURY</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 23-1955</u> |  |
| 5. SEX <u>FEMALE</u>   |  | 6. COLOR OR RACE <u>WHITE</u>     |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>            |  | 8. DATE OF BIRTH <u>AUG-5-1912</u>                        |  |
| 9. AGE (In years last birthday) <u>42</u>  |  | IF UNDER 1 YEAR Months Days       |  | IF UNDER 12 HRS. Hours Min.  |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>GRAIN VALLEY, MISSOURI</u> |  | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>              |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME <u>JOHN McKEENE</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>ISABELLE NICHOLSON</u> |  | 14. NAME OF HUSBAND OR WIFE <u>CHARLES E. ATTEBURY</u>       |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> |  | 16. SOCIAL SECURITY NO. <u>489-30-2778</u>          |  | 17. INFORMANT'S SIGNATURE OR NAME <u>CHARLES E. ATTEBURY</u> |  |
|   |  |   |  | ADDRESS <u>9220 WALNUT ST. KANSAS CITY, MO.</u>              |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia from uraemic poisoning</u>                             |  | INTERVAL BETWEEN ONSET AND DEATH <u>48 Hrs</u> |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | ANTECEDENT CAUSES  |  |  |  |
|  |  | DUE TO (b) <u>hypertension</u>   |  | <u>years</u>                                   |  |
|  |  | DUE TO (c)   |  | <u>593H</u>                                    |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS   |  | <u>years</u>                                   |  |
|  |  | Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u> |  |  |  |

|                        |  |                                  |  |  |  |
|------------------------|--|----------------------------------|--|--|--|
| 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) |  | 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 21, 1955, to July 23, 1955, that I last saw the deceased alive on July 22, 1955, and that death occurred at 5:10 A. M., from the causes and on the date stated above.

|   |  |  |  |                                 |  |
|---|--|--|--|---------------------------------|--|
| 23a. SIGNATURE <u>Ether Winkelman</u> (Degree or title) <u>MD</u> |  | 23b. ADDRESS <u>7449 Broadway K.C.</u> |  | 23c. DATE SIGNED <u>7-23-55</u> |  |
|---|--|--|--|---------------------------------|--|

|   |  |  |  |   |  |   |  |
|---|--|--|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> |  | 24b. DATE <u>JULY-26-1955</u>              |  | 24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAN CEMETERY</u> |  | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> |  |
| DATE REC'D BY LOCAL REG. <u>7-26-55</u>                 |  | REGISTRAR'S SIGNATURE <u>Neva Marshall</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>O.H. Newcomer</u>         |  | ADDRESS <u>1331-Brush Creek KANSAS CITY, MO.</u>                          |  |

(Licensed Embalmer's Statement on Reverse Side)

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 *Chester K. Braem*.....

Licensed Embalmer No. *493*

P. O. Address *K E 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.