

FILED AUG 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25287

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>215</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF TIME (If applicable place) <u>4 yrs</u>		c. CITY OR TOWN <u>Columbia</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>Home 301 Melbourn St</u>				e. STREET ADDRESS (If rural, give location) <u>301 Melbourn St. 01050</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Lincoln</u>		c. (Last) <u>Atterberry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 18 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 10 1862</u>	
9. AGE (In years last birthday) <u>93</u>		10. MONTHS <u>2</u>		11. YEAR <u>8</u>		12. IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done and dates of working, if from fire) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>C</u> <u>Knox Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William J. Atterberry</u>			13b. MOTHER'S MAIDEN NAME <u>Monye Comfort</u>			14. NAME OF HUSBAND OR WIFE <u>Zetta Emma</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Henry Houser Fulton, Mo R#3</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>gangrene in stump of Rt. leg - amputated in 1950</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>8 days</u> <u>6 yrs</u> <u>4 days</u>	
19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>		21f. HOW DID INJURY OCCUR? <u>—</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Aug-10, 1955</u> , to <u>Aug-18, 1955</u> , that I last saw the deceased alive on <u>Aug-17, 1955</u> , and that death occurred at <u>4:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J.C. Ruggert M.D.</u>		23b. ADDRESS <u>Columbia Mo</u>		23c. DATE SIGNED <u>Aug-18-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug-20-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Central Ch. Cem</u>		24d. LOCATION (City, town, or county) (State) <u>6 Mi West Fulton Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 19 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer 312</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Lunn Home</u>		ADDRESS <u>Fulton, Mo</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 *Gluz C Browning*.....

Licensed Embalmer No. *272*

P. O. Address *Fulton Ga*.....

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.