

FILED AUG 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25481

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 228

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: privilege before admission) a. STATE <u>Mo</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY OR TOWN <u>Madison</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp # 1</u>		e. STREET ADDRESS (If rural, give location) <u>2580</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>J.</u> b. (Middle) <u>N.</u> c. (Last) <u>Atterbury</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 25 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>Sept. 7, 1929</u>
9. AGE (In years) (last birthday) <u>25</u>		10. MONTHS <u>8</u>	11. DAYS <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <u>Banker</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Massouri</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>J. N. Atterbury</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Baker Beulah Brascoe Atterbury</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>yes</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Alfred Reed</u>		ADDRESS <u>_____</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anterovascular Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <u>Due to (b) <u>Gen. Anterovascular</u></u>		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</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) (Min.)		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 <u>Jan 11, 1955</u> , to <u>Aug 25, 1955</u> , that I last saw the deceased alive on <u>Aug 24, 1955</u> , and that death occurred at <u>5:10 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Wm. J. Pramer, M.D.</u> (Degree or title)		23b. ADDRESS <u>State Hosp # 1 Fulton</u>	
23c. DATE SIGNED <u>8-25-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Aug 27, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Susethell</u>	
24d. LOCATION (City, town, or county) (State) <u>Madison, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Simpson</u> ADDRESS <u>Madison, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 25-1955</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> 426	

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

AUG 31 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *David A. Thompson*.....

Licensed Embalmer No. 142

P. O. Address *Madison, W.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F^a
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.