

FILED DEC 3 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38611

BIRTH NO. _____		REG. DIST. NO. <u>176</u>	PRIMARY REG. DIST. NO. <u>5637</u>	Registrar's No. <u>21</u>
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>		
b. CITY OR TOWN <u>Miller Mo. R.R. Oak</u>	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN _____	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		f. STREET ADDRESS (If rural, give location) <u>La Russell Mo. R.R. 0550</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cord</u> b. (Middle) <u>Abice</u> c. (Last) <u>Attebery</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-7-1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>12-14-1872</u>	9. AGE (In years last birthday) <u>83</u> Months <u>10</u> Days <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Carlton Kansas</u>	12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <u>Samuel Mc Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Mandy Berry</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</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) <u>none</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fern Livingston</u> ADDRESS <u>La Russell 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES (b) <u>Ch. Myocarditis</u> DUE TO (c) _____ 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>3+ yrs</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) <u>4222</u>		
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 <u>11/7</u> , 19 <u>56</u> , to _____, 19____, that I last saw the deceased alive on <u>11/7</u> , 19 <u>56</u> , and that death occurred at <u>9:30 p. m.</u> , from the causes and on the date stated above.				
22a. SIGNATURE <u>Ernest Hoover MD</u> (Degree or title)		22b. ADDRESS <u>St. Vernon, Mo.</u>		22c. DATE SIGNED <u>11/8/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-8-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillborno Ill.</u>	24d. LOCATION (City, town, or county) (State) <u>Hillborno Ill.</u>	
DATE REC'D BY LOCAL REG. <u>11-1-56</u>	REGISTRAR'S SIGNATURE <u>W. S. Bussing</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris Luman</u> ADDRESS <u>Miller Mo.</u>		

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 *L. R. Lemian*.....

Licensed Embalmer No. *3292*.....

P. O. Address *Miller*.....

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.