

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

590

STATE FILE NUMBER

FILED FEB 4 1957

Registration District No. 61 Primary Registration District No. 1107 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lee</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>El Dorado Spgs</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>El Dorado Spgs</u> 2201 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>211 1st St</u>	
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>ATTEBERRY</u> Last <u>ATTEBERRY</u>				4. DATE OF DEATH Month <u>2</u> Day <u>1</u> Year <u>57</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug 31 1879</u>	
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u> Hours <u>7</u> Min. <u>7</u>		IF UNDER 24 HRS. Months <u>7</u> Days <u>7</u> Hours <u>7</u> Min. <u>7</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Fairfield Ill</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13. FATHER'S NAME <u>Frank Atteberry</u>				14. MOTHER'S MAIDEN NAME <u>Ellen Loftis</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1898-1901</u>				16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Lulu A. Atteberry</u> Address <u>El Dorado Spgs</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Angina pectoris</u> DUE TO (c) <u>Coronary Sclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u>							INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u> <u>1 month</u> <u>1 yr +</u>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u>a. m.</u> Month, Day, Year <u>p. m.</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Dec 10, 56</u> to <u>2-1-57</u> and last saw her alive on <u>2-1-57</u> Death occurred at <u>5:30 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>C. H. Underworth D.O.</u>				22b. ADDRESS <u>El Dorado Spgs. Mo</u>		22c. DATE SIGNED <u>2-2-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Bur</u>		23b. DATE <u>2-4-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>El Dorado Spgs Mo</u>	
24. FUNERAL DIRECTOR <u>Refers El Dorado Spgs</u>				25. DATE RECD. BY LOCAL REG. <u>2-2-57</u>		26. REGISTRAR'S SIGNATURE <u>George W. Nokes</u>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 8 1957

MAY 21 1962

APR 24 1957

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 *Hugh S. Allen*

Licensed Embalmer No. *28*

P. O. Address *Elk River, Minn.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING, 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.