

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

32408

FILED OCT 1 1957 Registration District No. 755 Primary Registration District No. 4244 Registrar's No. 165

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Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CARTERVILLE		c. CITY OR TOWN CARTERVILLE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 100 W. Daugherty		Length of stay in lb	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle D Last ATHEY		4. DATE OF DEATH Month SEPT. Day 20 Year 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 4, 1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RESORT OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY RESORT OPERATOR	11. BIRTHPLACE (City and state or country) FARBER, MISSOURI	9. AGE (In years last birthday) 53 YRS
13. FATHER'S NAME G. H. ATHEY		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 499-10-5616	
17. INFORMANT CHARLES ALVIN ATHEY		Address CARTERVILLE, MISSOURI	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Collapse Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Thrombosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 1 min. 5 min.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	4201		
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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
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 9-20-57 to 9-20-57 and last saw him ^{xxx} alive on _____ Death occurred at 7 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>C. J. Gregory</i> (Degree or title) D. O.	22b. ADDRESS 624 W. Broadway, Webb City,	22c. DATE SIGNED 9/21/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9/23/57	23c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY	23d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI.
24. FUNERAL DIRECTOR HEDGE LEWIS	ADDRESS WEBB CITY, MISSOURI.	25. DATE RECD. BY LOCAL REG. 9-23-57	26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>

(Licensed Embalmer's Statement on Reverse Side)

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County File Number 57-9-102
Date Filed SEP 30 1957

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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 *Richard Gray Lewis*

Licensed Embalmer No. 44

P. O. Address *Webb City*

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.