

Health,  
Welfare  
Public  
Service

300  
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1957

33176

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8764

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 5719 Bancroft Ave		Length of stay in lb 5 Days	d. STREET ADDRESS 14 5719 Bancroft Ave		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) HOMER Byron ATHERTON First Middle Last			4. DATE OF DEATH Month Day Year Sept. 18, 1957		
5. SEX Male <input checked="" type="checkbox"/>	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 February 2, 1883	9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY Masonic Temple	11. BIRTHPLACE (City and state or country) Goose Island, Alexander Co. Ill		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Byron Judson Atherton			14. MOTHER'S MAIDEN NAME Margaret Elizabeth (Josephine (Wife))		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Noje		16. SOCIAL SECURITY NO.	17. INFORMANT Address Chas. Delmas Ryal 5719 Bancroft Ave		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerosis the heart disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Ren atherosclerosis</i> DUE TO (c) <i>420.0</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <i>Chronic Emphysema severe</i>					INTERVAL BETWEEN ONSET AND DEATH <i>undet.</i>
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 <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 7/29/57 to 9/18/57 and last saw her/him alive on 9/16/57 Death occurred at 7a. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Deceased 11 yrs</i> (Degree or title)			22b. ADDRESS 3915 Watson Rd.		22c. DATE SIGNED 9/18/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Auto) 9-18-57		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY Thistlewood Cemetery	
				23d. LOCATION (City, town, or county) (State) Pulaski Co. Illinois	
24. FUNERAL DIRECTOR Berbeling Funeral Home Cairo, Ill			25. DATE RECD. BY LOCAL REG. SEP 18 57		26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> mbs.

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 *Jos. E. McCulloh* .....

Licensed Embalmer No. *24* .....

P. O. Address *6175* .....

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.