

FILED NOV 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36670
STATE FILE NUMBER

Registration District No. 212 Primary Registration District No. 304H Registrar's No. 55

1. PLACE OF DEATH a. COUNTY MILLER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MILLER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eldon			Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Eldon			Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 515 S. MAPLE				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 515 S. MAPLE	
3. NAME OF DECEASED (Type or print) First ROBERT Middle MAGNUS Last ATTEBERRY				4. DATE OF DEATH Month OCT. Day 22 Year 1957			
5. SEX MALE	6. COLOR OR RACE Caucasian	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH JUNE 21, 1894	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 6 Days 3	IF UNDER 24 HRS. Hours 6 Min. 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Furniture		11. BIRTHPLACE (City and state or country) Charity, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME LEE ATTEBERRY				14. MOTHER'S MAIDEN NAME ETTA WOLLARD			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-12-6488		17. INFORMANT Address Mrs. Mary Atteberry - Eldon, Mo.			
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 Congestive Heart Failure						INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐					
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 10/20/57 to 10/22/57 and last saw him alive on 10/22/57 Death occurred at 11:50 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Robert E. McNeill Sr.				22b. ADDRESS Eldon, Mo.		22c. DATE SIGNED 10/24/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Oct. 26, 1957		23c. NAME OF CEMETERY OR CREMATORY Eldon		23d. LOCATION (City, town, or county) (State) Eldon, Mo.	
24. FUNERAL DIRECTOR ADDRESS Louis N. Phillips				25. DATE RECD. BY LOCAL REG. Oct. 24, 57		26. REGISTRAR'S SIGNATURE Calderetta Walt	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

NOV 13 '57

Miller County
Health Department

NOV 15 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 *Louis N. Phillips*

Licensed Embalmer No. *364*

P. O. Address *Edwards*

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.