

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002204

STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 4343 Registrar's No. 3

FILED JAN 26 1959

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>New Florence, Mo</u>			Inside Limits Yes ☒ No ☐	c. CITY OR TOWN <u>New Florence</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First <u>Fannie</u> Middle <u>Lee</u> Last <u>Atterbery</u>				4. DATE OF DEATH Month <u>Jan</u> Day <u>19</u> Year <u>1959</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 1 DIVORCED ☐		8. DATE OF BIRTH <u>Nov-8-1900</u>		9. AGE (In years last birthday) <u>59</u> F UNDER 1 YEAR Months <u>2</u> Days <u>11</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Mineola Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John P McVellan</u>			13b. MOTHER'S MAIDEN NAME <u>Virginia Kelsick</u>		14. NAME OF HUSBAND OR WIFE <u>John Atterbery</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Mrs Katie Atterbery New Florence, Mo</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 Embolism</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Heart Disease</u>						<u>15 months</u>	
DUE TO (c) <u>4201</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension, Generalized Arteriosclerosis Senility</u>						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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>							
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE 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 <u>May 15, 1953</u> to <u>Jan. 19, 1959</u> and last saw <u>her</u> alive on <u>Jan. 19, 1959</u> Death occurred at <u>11:20</u> a. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>C. A. Thompson DO</u>				22b. ADDRESS <u>New Florence Mo</u>		22c. DATE SIGNED <u>Jan 21-1959</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan 21-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>dryant Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Mineola Mo</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Baker Funeral Home Americus, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>Jan. 21. 1959</u>		26. REGISTRAR'S SIGNATURE <u>Laura B. Callaway</u>	

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 *D B Barber*

Licensed Embalmer No. *3375*

P. O. Address *Americus, Mo*

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.