URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 7 1959

59-039898
STATE FILE NUMBER

ENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5590

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b unknown
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 931 E. 11th.
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Claude Middle M. Last Attebury
4. DATE OF DEATH Month Nov. Day 13, Year 1959

5. SEX M
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3-25-1907
9. AGE (last birthday) 52
IF UNDER 1 YEAR Months Days; IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer
10b. KIND OF BUSINESS OR INDUSTRY Construction Co.
11. BIRTHPLACE (City and state or country) Easton, Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Claude Attebury
13b. MOTHER'S MAIDEN NAME Parthena O'Dell
14. NAME OF HUSBAND OR WIFE Fredia Attebury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unk.
17. INFORMANT Virgil Attebury Address St. Joseph, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Severe hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4+ hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of rectum — 6+ mos
DUE TO (c) & hepatic metastasis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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. Month, Day, Year
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 Sept-59, to 11-13-59 and last saw her him alive on 11-13-1959
Death occurred at p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF E. A. Quer

22a. SIGNATURE (Degree or title) MD
22b. ADDRESS 701 E 63 KC Mo
22c. DATE SIGNED 11-14 59

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 11-16-59
23c. NAME OF CEMETERY OR CREMATORY Green Lawn
23d. LOCATION (City, town, or county) (State) Plattsburg, Mo.

24. FUNERAL DIRECTOR Rupp Funeral Home ADDRESS St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG. 11-20-59
26. REGISTRAR'S SIGNATURE Alva Minshall

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.