

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-043040

FILED VS NOV 30 1959

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 0148 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY Shelby				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Shelby			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salt River Township		Length of stay in 1b 22 Yrs		c. CITY OR TOWN Shelbina		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First Ira Middle Glen Last Atterberry				4. DATE OF DEATH Month Nov Day 21st Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 12/8/1885	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months 11 Days 13		IF UNDER 24 HR Hours 13 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Minister		10b. KIND OF BUSINESS OR INDUSTRY Ministry		11. BIRTHPLACE (City and state or country) Monroe Co Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Elijah Atterberry			13b. MOTHER'S MAIDEN NAME Sarah F. Weatherford		14. NAME OF HUSBAND OR WIFE Deceased		
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. X		17. INFORMANT Address Joe Atterberry Shelbyna, 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) Coronary thrombosis DUE TO (b) Arteriosclerosis (marked) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) 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 4 days ?	
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 Month, Day, Year 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 Nov. 19-1959 to Nov 23-1959 and last saw him alive on Nov-22-1959 Death occurred at About 2:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE P. C. Barker MD (Degree or title)				22b. ADDRESS Shelbyville, Mo		22c. DATE SIGNED 11-26-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-25-1959	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.		23d. LOCATION (City, town, or county) Shelbina, Missouri		(State)	
24. FUNERAL DIRECTOR Barkelaw & Davis Shelbyna, Mo.				25. DATE RECD. BY LOCAL REG. 11-28-1959		26. REGISTRAR'S SIGNATURE Ada Garrison	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

James D. Davis

Licensed Embalmer No. 4478

P. O. Address Shelby

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.