

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027515
STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LaGrange		Length of stay in 1b	c. CITY OR TOWN LaGrange
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) No street address

3. NAME OF DECEASED (Type or print) First Middle Last Mary Isabelle Atteberry	4. DATE OF DEATH Month Day Year June 20, 1960
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-28-1872	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Keeping House	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Schuyler County, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Wm. Thomas Atteberry	13b. MOTHER'S MAIDEN NAME Martha E. Speer	14. NAME OF HUSBAND OR WIFE None
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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. None	17. INFORMANT Ester Atteberry, LaGrange, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH
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) Secularity		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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 LaGrange, Mo.	COUNTY	STATE
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21. I attended the deceased from Sept to June 20, 1960 and last saw her/him alive on _____
Death occurred at _____ on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Ester Atteberry</i> (Degree or title)	22b. ADDRESS LaGrange, Mo.	22c. DATE SIGNED 6/20/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 22, 1960	23c. NAME OF CEMETERY, OR CREMATORY Riverview Cemetery	23d. LOCATION (City, town, or county) LaGrange, Mo.,
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24. FUNERAL DIRECTOR J. Kenneth Bailey	ADDRESS LaGrange, Mo.	25. DATE RECD. BY LOCAL REG. 7-12-60	26. REGISTRAR'S SIGNATURE <i>Mrs. Henry Lloyd</i>
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(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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. Kenneth Bailey

Licensed Embalmer No. *4245*

P. O. Address *La Grange,*

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.