MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 20 1960

-60-047224
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 481

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Farmington
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Normandy
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 7114 Groveland Drive
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Earl Middle: Ross Last: McAtee
4. DATE OF DEATH: Month: December Day: 10 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/9/1900
9. AGE (last birthday): 60
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): Exec. Vice President
10b. KIND OF BUSINESS OR INDUSTRY: Brake Equiptment
11. BIRTHPLACE (City and state or country): Jackson Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Stephen M. McAtee
13b. MOTHER'S MAIDEN NAME: Lily Rosss
14. NAME OF HUSBAND OR WIFE: Ruth McAtee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W W I, W W II
16. SOCIAL SECURITY NO.: 496-12-1061
17. INFORMANT: Ruth McAtee Address: 7114 Groveland Drive Normandy, Missouri

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) Arteriosclerotic Heart Disease
DUE TO (b) w/ Acute pul. edema
DUE TO (c)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: several hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma of lung c̄ Cerebral Metastasis
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 November 8, 1960, to December 10, 1960 and last saw ~~her~~ him alive on December 9, 1960
Death occurred at 1 10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. A. Huckstep M. D.
22b. ADDRESS: 301 West Liberty Farmington Missouri
22c. DATE SIGNED: 12-10-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/12/60
23c. NAME OF CEMETERY OR CREMATORY: Parkview Cemetery
23d. LOCATION (City, town, or county) (State): Farmington Missouri
24. FUNERAL DIRECTOR: Miller Funeral Home ADDRESS: Farmington, Mo.
25. DATE RECD. BY LOCAL REG.: Dec. 13, 1960
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

DEC 21 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 412a

P. O. Address Farmingt

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