

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026277

STATE FILE NUMBER

AMENDED

Registration District No. 290 Primary Registration District No. Registrar's No. 86

FILED JUL 18 1961

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Black Ford Richland Rt 3 hrs		c. CITY OR TOWN Dixon	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Richland Rural		d. STREET ADDRESS (If outside, give location) Rural	
3. NAME OF DECEASED (Type or print) First Middle Last Chester Earl Atterberry		4. DATE OF DEATH Month Day Year July 15 1961	
5. SEX Male	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 Apr 1 1942 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Domestic	9. AGE (last birthday) 18
11. BIRTHPLACE (City and state or country) Waynesville Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Louis Earl Atterberry		13b. MOTHER'S MAIDEN NAME Dortha Summers	
14. NAME OF HUSBAND OR WIFE None		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 L E Atterberry Dixon Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation DUE TO (b) Drowning DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH -
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Victim swimming in deep water	
20c. TIME OF INJURY Hour 12:45 m. 33 Month, Day, Year 7/15/61	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Black Farm		
20f. CITY, TOWN, OR LOCATION Richland Rural		COUNTY Pulaski STATE Mo	
21. I attended the deceased from 7/15/61, to and last saw him on Death occurred at Apprx 12:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Clarence J. Moss Coroner		22b. ADDRESS Waynesville, Missouri	
22c. DATE SIGNED 7/15/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/20/61	23c. NAME OF CEMETERY OR CREMATORY Buckhorn Cemetery	23d. LOCATION (City, town, or county) (State) Buckhorn Missouri
24. FUNERAL DIRECTOR Moss-Williams Funeral Homes		25. DATE RECD. BY LOCAL REG. 7-15-61	26. REGISTRAR'S SIGNATURE Clarence J. Moss

(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 me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signed Clarice Floss

Signature of Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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).

3. 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.