

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037802
STATE FILE NUMBER

AMENDED

Registration District No. 231 Primary Registration District No. 4343 Registrar's No. 55

FILED OCT 24 1961

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>New Florence, Mo</u>		c. CITY OR TOWN <u>New Florence, Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Katie Elizabeth Atterberry</u>		4. DATE OF DEATH Month Day Year <u>Oct-10-1961</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>1-18-1905</u>
9. AGE (last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	
11. BIRTHPLACE (City and state or country) <u>Bluffton, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U S</u>	
13a. FATHER'S NAME <u>John Atterberry</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Mc Clean</u>	
14. NAME OF HUSBAND OR WIFE <u>John Atterberry</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>405-34-1021</u>		17. INFORMANT <u>John Atterberry New Florence, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Abdominal Adenocarcinomatosis</u> DUE TO (b) <u>Adenocarcinoma of Rectosigmoid</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u> <u>4/18/61</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None.</u>			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 <u>April 15, 1960</u> to <u>Oct. 10, 1961</u> and last saw <u>her</u> alive on <u>Oct. 9, 1961</u> Death occurred at <u>8:47 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>C. H. Thompson</u> (Degree or title)		22b. ADDRESS <u>20 New Florence Mo</u>	
22c. DATE SIGNED <u>10-11-61</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>10-13-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bryant Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Mincola Mo</u>		23e. (State)	
24. FUNERAL DIRECTOR <u>D B Baker New Florence, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10/11-61</u>	
26. REGISTRAR'S SIGNATURE <u>Laura B. Barclay</u>			

(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 _____
Signature of Student Embalmer

Signed D B Baker

Licensed Embalmer No. 3375

P. O. Address New Florence, 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).

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.