

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

1101-62-003428
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1101

FILE FEB 7 1962

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis Length of stay in 1b 12 hr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Johns Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY _____
c. CITY OR TOWN St Louis Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 1305 South 12St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Mary Middle Agnes Last Attardo
4. DATE OF DEATH Jan. 24, 1962 Month Jan. Day 24 Year 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH Jan. 16, 1890 9. AGE (last birthday) 72 IF UNDER 1 YEAR Months 0 Days 8 IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Housework 11. BIRTHPLACE (City and state or country) Kansas City Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Anthony Manley 13b. MOTHER'S MAIDEN NAME Julia Laffey 14. NAME OF HUSBAND OR WIFE John Attardo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. _____ 17. INFORMANT Mrs Bernice Fortenberry Address Truxton Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infarction of small Bowel due to Mesenteric artery occlusion INTERVAL BETWEEN ONSET AND DEATH 24 hr.
DUE TO (b) _____
DUE TO (c) 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocardial Infarction; Pneumoococcal meningitis and endocarditis
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 _____
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 1-23-62 to 1-24-62 and last saw her alive on 1-24-62
Death occurred at 5:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W.B. Hedberg M.D. (Degree or title) 22b. ADDRESS St. John's Hospital 22c. DATE SIGNED 1-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Jan. 26 1962 23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery 23d. LOCATION (City, town, or county) (State) Truxton Mo.

24. FUNERAL DIRECTOR D.W. Mc Coy Troy Mo. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. JAN 25 1962 26. REGISTRAR'S SIGNATURE Paul Smith. M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 AMENDED
 INSTEAD OF
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF

MEDICAL CERTIFICATION
 DOCUMENT
 Due to arteriosclerosis

OK
Helen J. Taylor
Coroner 1-26

FEB 23 1962

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.W. McBoyle

Licensed Embalmer No. 3586

P. O. Address Troy 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.