

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012757

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED MAR 26 1963

1. PLACE OF DEATH

a. COUNTY Pulaski

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Cullen twspLength of stay in Tb
20 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Route #1Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Pulaski

c. CITY OR TOWN Waynesville

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
BuckhornReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Mary Eugene Atterberry4. DATE OF DEATH
Month Day Year
March 19 19635. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
10-10-919. AGE (last birthday)
71
IF UNDER 1 YEAR IF UNDER 24 Hrs
Months Days Hours Min.10a. USUAL OCCUPATION (Give main cause of work done during most of working life, even if retired)
Housewife10b. KIND OF BUSINESS OR INDUSTRY
Domestic11. BIRTHPLACE (City and state or country)
Bloodland, Missouri12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

John Henry Gan

13b. MOTHER'S MAIDEN NAME

Elizabeth Mauer

14. NAME OF HUSBAND OR WIFE

William J.

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

Rosa Lee Brashear Waynesville Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral vascular accident

INTERVAL BETWEEN ONSET AND DEATH

Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral arteriosclerosis

DUE TO (c)

Hypertension

20 yr.

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?

☐ Yes ☐ No ☐ Unknown19. 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, Year20d. 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 July 1954 to 3-16-63 and last saw her alive on 3-16-63
Death occurred at not known m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

DO

22b. ADDRESS

Waynesville, Missouri

22c. DATE SIGNED

3/20/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-22-1963

23c. NAME OF CEMETERY OR CREMATORY

Friendship Cem

23d. LOCATION (City, town, or county)

Ft Leonard Wood Missouri

24. FUNERAL DIRECTOR'S ADDRESS

Moss-Williams Waynesville Missouri

25. DATE RECD. BY LOCAL REG.

3-20-63

26. REGISTRAR'S SIGNATURE

C. J. Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0850

2 0850

3

4 1

5 2

6

7 0

8 2

9 331X

10

11

12 90-2

13 1-0

APR 3 1963

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

Clarence J. Moss

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).

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.