

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022880

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 144

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1007

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY MISSISSIPPI	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON		Length of stay in 1b 1 DAY	c. CITY OR TOWN CHARLESTON Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hosp.		Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 1006 E. CYPRESS Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First HATTIE Middle CLARK Last ATTEBERRY		4. DATE OF DEATH Month JUNE Day 6 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 6-26-86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (last birthday) 76 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) McCOOL, MISSISSIPPI		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JOHN McWILLIE WADE		13b. MOTHER'S MAIDEN NAME MARGARET ELIZABETH HEARN	
14. NAME OF HUSBAND OR WIFE Walter P. Atteberry(D)		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.		17. INFORMANT Address Miss Frances Atteberry, Charleston	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH Mo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Catheter - Bronchectasis		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 June 2 to June 6 and last saw her alive on June 6 1963 Death occurred at 9:15a on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) John P. Nunnelee	
22b. ADDRESS Charleston, Mo.		22c. DATE SIGNED 6-6-63	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 6-8-1963	23c. NAME OF CEMETERY OR CREMATORY T.O.O.F. Cemetery	23d. LOCATION (City, town, or county) (State) Charleston, Mo.
24. FUNERAL DIRECTOR John P. Nunnelee ADDRESS THE NUNNELEE FUNERAL CHAPEL, Charleston, Mo.		25. DATE RECD. BY LOCAL REG. June 11-1963	
26. REGISTRAR'S SIGNATURE Jeanette Waldman			

(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 _____

Licensed Embalmer No. _____

3851

P. O. Address _____

Charleston, 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.

James Leavelle June 6-63