

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039497

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

120

Primary Registration District No.

4194

Registrar's No.

107

FILED NOV 14 1963

1. PLACE OF DEATH

a. COUNTY Gentry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN AlbanyLength of stay in 1b
3 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Gentry County
Memorial HospitalInside Limits
Yes ☒ No ☐

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

a. STATE Missouri b. COUNTY Gentry

c. CITY
OR
TOWN McFallInside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

MAY

Middle

ATTEBERY

Last

4. DATE
OF
DEATH

Month

Day

Year

November 9, 1963

5. SEX

female

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7 Dec 1887

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
at home10b. KIND OF BUSINESS OR INDUSTRY
at home11. BIRTHPLACE (City and state or country)
Harrison Co., Missouri12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

Merton Tilley

13b. MOTHER'S MAIDEN NAME

Emma Brown

14. NAME OF HUSBAND OR WIFE

Walter Attebery

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

Mr. Walter Attebery

Address

McFall, 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)

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

DUE TO (b)

DUE TO (c)

Hydroxy stat, pneumonia
Cerebral Vascular AccidentINTERVAL BETWEEN
ONSET AND DEATH

72 hrs

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
INJURYHour
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 6, Nov, 63 to 9, Nov, 63 and last saw her alive on 9, Nov, 63
Death occurred at 10:30A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

11 Nov 1963

23c. NAME OF CEMETERY OR CREMATORY

McFall

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

McFall,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Brooks-Cochell Funeral Home Albany, Mo.

11-11-63

Mrs. L.W. Bare

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

1 0380

2 0380

3 2

4 1

5 1

6

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9 331x

10

11

12 2-2

13 1-0

rec'd
11-11-63

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 me Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Donald E. Coohell

Licensed Embalmer No. 4868

P. O. Address Albany, 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.