

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017476
STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 134

300
1-57

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1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY HENRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clinton 0422 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION loftin Rest home		Length of stay in 1b 3 years	d. STREET ADDRESS (If outside, give location) S. MAIN ST. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Lucille Middle Mae Last ATER			4. DATE OF DEATH Month May Day 25 Year 1959			
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 19 1868		9. AGE (In years last birthday) 91 IF UNDER 1 YEAR: Months 8 Days 7 Hours - Min. - IF UNDER 24 HRS. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) MAYESVILLE KY		
13a. FATHER'S NAME Samuel B BARKLEY		13b. MOTHER'S MAIDEN NAME UNKNOWN CARL		14. NAME OF HUSBAND OR WIFE Allen C ATER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT MARGUERITE Crosier Kansas City Mo Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure DUE TO (b) Chronic Myocarditis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 mo 10 yrs -		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4222			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Nov. 1958 to 5-22-59 and last saw her alive on 5-22-59 Death occurred at 4:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Direct or legal) A. N. McIntyre, M.D.		22b. ADDRESS Clinton Mo		22c. DATE SIGNED 5-26-59	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 27-1959		23c. NAME OF CEMETERY OR CREMATORY Mount Moriah		23d. LOCATION (City, town, or county) (State) KANSAS CITY MO	
24. FUNERAL DIRECTOR FL. Schaberg 21450 second st			25. DATE RECD. BY LOCAL REG. May 26-59		26. REGISTRAR'S SIGNATURE Margherd Begum		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *F. J. Schaberg*

Licensed Embalmer No. *4513*

P. O. Address *Clinton, N.Y.*

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.