

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14855**

FILED JUN 6 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 613

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2913 Gene Field Road</u>		d. STREET ADDRESS (If rural, give location) <u>2913 Gene Field Road</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elta</u> b. (Middle) <u>*****</u> c. (Last) <u>Atterbury</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 29 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>August 16, 1868</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>*****</u>		11. BIRTHPLACE (State or foreign country) <u>Mayaville, Missouri.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Green B. Atterbury</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Deppen</u>		14. NAME OF HUSBAND OR WIFE <u>*****</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Geo. W. Eastin</u>	
				ADDRESS <u>St. Joseph, Mo. 2913 Gene Field Road</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chy Myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>YRS -</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. Arteriosclerosis</u>			<u>Yrs</u>
		DUE TO (c) <u>Coarctatio</u>			<u>4221</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coarctatio</u>			<u>18 mo</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from May 23, 1949, to May 29, 1949, that I last saw the deceased alive on May 29, 1949, and that death occurred at 8:40 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. E. Grimes M.D.</u>		23b. ADDRESS <u>St. Joseph Mo 5244</u>		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 31, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mora Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>June 3, 1949</u>		REGISTRAR'S SIGNATURE <u>E. B. Jenkins 382</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Halter Meierhoffer</u>	
				ADDRESS <u>1946 Colhoun St. St. Joseph, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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, ~~XXXXXXXXXX~~

XXXXXXXXXX XXXXXXXXXXXX

Student Embalmer No. XXXXXXXX

working under my personal supervision.

Student .....XXXXXXXXXX.....  
Student Embalmer

Signed *Albert C. Harrington*

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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 this body is not embalmed, fact should be so stated above.