

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

**STANDARD CERTIFICATE OF DEATH**

State File No. **14028**  
 Registrar's No. **1933**

**FILED MAY 1 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH**  
 a. COUNTY JACKSON

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)  
 a. STATE MISSOURI b. COUNTY Jackson  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 0

d. FULL NAME OF HOSPITAL OR INSTITUTION SUMMIT HOUSE 750 WEST 47TH STREET  
 e. LENGTH OF STAY (in this place) 3 YEARS  
 d. STREET ADDRESS (If rural, give location) 750 W. 47th. St.

**3. NAME OF DECEASED**  
 a. (First) STELLA b. (Middle) \_\_\_\_\_ c. (Last) ATTERBURY  
 4. DATE OF DEATH (Month) (Day) (Year) APRIL-9-1953

**5. SEX** FEMALE **6. COLOR OR RACE** WHITE **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) WIDOWED  
**8. DATE OF BIRTH** JULY-24-1969 **9. AGE** (in years last birthday) 83 **IF UNDER 1 YEAR** Months \_\_\_\_\_ Days \_\_\_\_\_ **IF UNDER 12 HRS.** Hours \_\_\_\_\_ Mins. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) AT HOME **10b. KIND OF BUSINESS OR INDUSTRY** \_\_\_\_\_  
**11. BIRTHPLACE** (City and State or Foreign Country) SALISBURY MISSOURI **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** MINOR **13b. MOTHER'S MAIDEN NAME** SOFIA EPPERLY **14. NAME OF HUSBAND OR WIFE** HUGH C. ATTERBURY

**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'S SIGNATURE OR NAME** MRS. EUGENE CARBAUGH ADDRESS 750 W. 47th ST. KANSAS CITY MO.

**18. CAUSE OF DEATH**  
 Enter only one cause per line for (a), (b), and (c)  
 \*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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH** (a) Bleeding duodenal ulcer  
**ANTECEDENT CAUSES**  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) ant  
 DUE TO (c) \_\_\_\_\_  
**II. OTHER SIGNIFICANT CONDITIONS**  
 Conditions contributing to the death but not related to the disease or condition causing death.  
Anticoagulant heart disease  
**INTERVAL BETWEEN ONSET AND DEATH**  
7 days  
5410  
10 years

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_ **20. AUTOPSY?** YES  NO

**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)** \_\_\_\_\_

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) \_\_\_\_\_ **21e. INJURY OCCURRED** WHILE AT WORK  NOT WHILE AT WORK  **21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**22. I hereby certify that I attended the deceased from** 28 Nov, 1951, to 9 April, 1953; that I last saw the deceased alive on 9 April, 1953, and that death occurred at 12:55 P.M., from the causes and on the date stated above.

**23a. SIGNATURE** Blaine Z. Hibbard (Degree or title) MD **23b. ADDRESS** 411 Nichols Rd - KENO **23c. DATE SIGNED** 9 April 53

**24a. BURIAL CREMATION REMOVAL** (Specify) BURIAL **24b. DATE** APRIL-11-1953 **24c. NAME OF CEMETERY OR-CREMATORY** SALISBURY CEMETERY **24d. LOCATION** (City, town, or county) (State) SALISBURY MISSOURI

**DATE REC'D BY LOCAL REG.** 4-11-53 **REGISTRAR'S SIGNATURE** Heraldine Smith **25. FUNERAL DIRECTOR'S SIGNATURE** D.H. Newcomer Sons ADDRESS 1331. BAYN CREEK KANSAS CITY MO.

(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 .....  
Student Embalmer

Signed

*Robert E. Herron*

Licensed Embalmer No. 5879

P. O. Address J. C. Mc

**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.**