

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3996

State File No.

FILED MAR 1 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 194

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

1. PLACE OF DEATH a. COUNTY <i>Buchanan.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>DeKalb.</i>	
b. CITY (If outside corporate limits, write RURAL and give town) <i>St. Joseph.</i>	c. LENGTH OF STAY (in this place) <i>36yrs 11M 20d</i>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Osborn.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital No. 2.</i>		d. STREET ADDRESS (If rural, give location) <i>320 1</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>GRAFTON</i>	b. (Middle) <i>—</i>	c. (Last) <i>ATTER BURY</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>2-17-1954</i>
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5. SEX <i>male.</i>	6. COLOR OR RACE <i>white.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single.</i>	8. DATE OF BIRTH <i>7-7-1890.</i>	9. AGE (In years last birthday) <i>64</i>	IF UNDER 1 YEAR Months <i>7</i> Days <i>9</i>	IF UNDER 24 HRS. Hours <i>—</i> Mins. <i>—</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Common laborer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Common labor</i>	11. BIRTHPLACE (State or foreign country) <i>Osborn, Missouri.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>unknown</i>	13b. MOTHER'S MAIDEN NAME <i>unknown.</i>	14. NAME OF HUSBAND OR WIFE <i>none</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no.</i>	16. SOCIAL SECURITY NO. <i>none.</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Clark, DeKalb County Coroner, Mayville Mo.</i>	ADDRESS <i>Mayville Mo.</i>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>12 hours</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Intestinal obstruction</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Volulus</i> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <i>5703</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from *11-2-1949*, to *2-17-1954*, that I last saw the deceased alive on *2-17-1954*, and that death occurred at *3:30 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>J. L. Morroway</i>	(Degree or title) <i>M.D.</i>	23b. ADDRESS <i>State Hospital No. 2, St. Joseph, Mo.</i>	23c. DATE SIGNED <i>2-17-1954</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>For use as cadaver</i>	24b. DATE <i>2-19-1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Kirksville</i>	24d. LOCATION (City, town, or county) (State) <i>Mo. (State) College, Kirksville,</i>
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DATE REC'D BY LOCAL REG. <i>Feb 23, 1954</i>	REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>	485	25. FUNERAL DIRECTOR'S SIGNATURE <i>John O. Sapp</i>	ADDRESS <i>St. Joseph, Mo.</i>
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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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Alvin E. Bazar*

Licensed Embalmer No. *4795*

P. O. Address *St. Joseph 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 this body is not embalmed, fact should be so stated above.