

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17938**

683

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Plattsburg	
c. LENGTH OF STAY (in this place) 30 min.		d. STREET ADDRESS (If rural, give location) 025-0 /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Metho. Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) EMMA	b. (Middle) RANDA	c. (Last) ATTEBURY	4. DATE OF DEATH (Month) (Day) (Year) June 25, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 12, 1887	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Sam Walters	13b. MOTHER'S MAIDEN NAME Emma Kinsey	14. NAME OF HUSBAND OR WIFE Ed. Attebury
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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) NO	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Ed. Attebury, Plattsburg, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 5 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral & Generalized Arteriosclerosis DUE TO (c) Diabetic Acidosis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION. 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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)	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 June 25, 1954 to June 25, 1954 that I last saw the deceased alive on June 25, 1954, and that death occurred at 11:00A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) PT Luckenbill, M.D.	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 6-25-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 27, 1954	24c. NAME OF CEMETERY OR CREMATORY Antioch Cem.	24d. LOCATION (City, town, or county) (State) Near Holt, Mo.
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DATE REC'D BY LOCAL REG. June 30, 1954	REGISTRAR'S SIGNATURE 483 Esther M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE R. W. Lyon	ADDRESS Plattsburg, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Danell R. Lyon

Licensed Embalmer No. 3640

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