

FILED MAR 7 1955

STANDARD CERTIFICATE OF DEATH

State File No. **3931**  
Registrar's No. **215**

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>215</b>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (In this place) <b>40 yrs</b>		c. CITY OR TOWN <b>St. Joseph</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>2210 Charles Street 01170</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>E.</b> c. (Last) <b>Attebery</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>February 16, 1955</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 24, 1874</b>		9. AGE (In years last birthday) <b>80</b>	if UNDER 1 YEAR Months	if UNDER 4 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Orderly (Surgical)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hospital</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>DeKalb County, Missouri. 0</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Marie Attebery</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-36-1496</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Marie Attebery St. Joseph, Mo.</b>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Prostate</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
19a. DATE OF OPERATION <b>2-14-55</b>	19b. MAJOR FINDINGS OF OPERATION <b>Hysterectomy</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., floor about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>150 X</b>				
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?					
22. I hereby certify that I attended the deceased from <b>Feb 14, 1955</b> , to <b>Feb 16, 1955</b> , that I last saw the deceased alive on <b>Feb 16, 1955</b> , and that death occurred at <b>6:05A. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>H. L. Leman 485 M.D.</b> (Degree or title)				23b. ADDRESS <b>St. Joseph Mo.</b>		23c. DATE SIGNED <b>2-17-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 18, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Osborn, Missouri.</b>			
DATE REC'D BY LOCAL REG. <b>Feb 28, 1955</b>		REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Meierhoffer Freeman, Inc. St. Joseph, Mo.</b>			

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, or by ..... \*\*\*\*\* ....., Student Embalmer No. .... working under my personal supervision..

Student ..... \*\* ..... \*\*\*  
Signature of Student Embalmer

Signed *Albert R. Harrington* .....

Licensed Embalmer No. 3258 Mo.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.