

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33241

State File No.

BIRTH NO. 36437-56 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 522

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| 1. PLACE OF DEATH a. COUNTY <u>BUTLER</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>WAYNE</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>POPLAR BLUFF</u> | c. LENGTH OF STAY (in this place) <u>1 Hour</u> | c. CITY OR TOWN <u>PIEDMONT</u> | 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 <u>DOCTORS HOSPT.</u> | | e. STREET ADDRESS (If rural, give location) <u>1110</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>DEBRA</u> b. (Middle) <u>LOUISE</u> c. (Last) <u>ATNIP</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 17 1956</u> |
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| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u> | 8. DATE OF BIRTH <u>JUNE 10 - 1956</u> | 9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>4</u> Days <u>7</u> IF UNDER 18 YRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>INFANT</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>POPLAR BLUFF, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>WILLIAM P. ATNIP</u> | 13b. MOTHER'S MAIDEN NAME <u>HELEN L. WORLEY</u> | 14. NAME OF HUSBAND OR WIFE |
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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) | 16. SOCIAL SECURITY NO. <u>0561</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM P. ATNIP</u> ADDRESS <u>PIEDMONT, Mo.</u> |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Bronchiolitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Preceding Pertussis</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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 10-17, 1956, to 10-17, 1956, that I last saw the deceased alive on 19, and that death occurred at 7 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Marvin R. Barbour, M.D.</u> (Degree or title) | 23b. ADDRESS <u>Poplar Bluff, Mo.</u> | 23c. DATE SIGNED <u>10/2/56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>10-20-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEM.</u> | 24d. LOCATION (City, town, or county) (State) <u>PIEDMONT Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>10/2/56</u> | REGISTRAR'S SIGNATURE <u>R.H. Minette</u> | 25. GENERAL DIRECTOR'S SIGNATURE <u>Thomas W. Cook</u> ADDRESS <u>Piedmont, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

489

RECEIVED
NOV 2 1956
BUTLER CO. HEALTH CENTER
FILE NO. _____

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 Me, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed M. E. Bowler
Licensed Embalmer No. 442
P. O. Address Chilmark

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.