FILED JAN 2 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41920

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 195

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBB CITY — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JANE CHINN HOSPITAL — Length of stay in 1b 2 WEEKS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN CARTERVILLE — Inside Limits Yes X No ☐
d. STREET ADDRESS 100 WEST DAUGHERTY (If outside city limits, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) — First: ALICE Middle: L. Last: ATHEY

4. DATE OF DEATH Month: DECEMBER Day: 27 Year: 1956

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: AUGUST 27, 1903
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SCHOOL TEACHER
10b. KIND OF BUSINESS OR INDUSTRY: TEACHER
11. BIRTHPLACE (City and state or country): CARTERVILLE, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: CHARLES LILLIBRIDGE
14. MOTHER'S MAIDEN NAME: BELL DAUGHERTY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: WILLIAM D. ATHEY Address: CARTERVILLE, MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Thrombosis with Myocardial Infarction — 2 weeks
DUE TO (c) Arteriosclerosis — Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-13-56 to 12-27-56 and last saw her/him alive on 12-27-56
Death occurred at 7:30 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. F. Gregory (Degree or title) D. O.
22b. ADDRESS 624 W. Broadway, Webb City, Mo.
22c. DATE SIGNED 12/28/

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 12/29/56
23c. NAME OF CEMETERY OR CREMATORY: MOUNT HOPE CEMETERY
23d. LOCATION (City, town, or county) (State): WEBB CITY, MISSOURI 56

24. FUNERAL DIRECTOR: HEDGE LEWIS FUNERAL HOME ADDRESS: WEBB CITY, MO
25. DATE RECD. BY LOCAL REG.: 12-29-56
26. REGISTRAR'S SIGNATURE: Mrs. Madeline Sintzer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

County File Number 5672-1038
Date Filed DEC 31 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed L. J. Lewis Jr.

Licensed Embalmer No. 4

P. O. Address Wilb. Ar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.