

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34841**

FILED NOV 12 1957

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1198**

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dekalb	
b. CITY (If outside corporate limits, write RURAL and give town or township) St Joseph		c. CITY OR TOWN Stewartsville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 7 mos.		e. STREET ADDRESS (If rural, give location) 02 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If care in hospital or institution, give street address or location) 521 Prospect Ave. Leon Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Lydia b. (Middle) May c. (Last) Attebery			4. DATE OF DEATH (Month) (Day) (Year) 11/6/57		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 11/26/1881	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Operator Telephone Exchange		10b. KIND OF BUSINESS OR INDUSTRY Telephone Exchange	11. BIRTHPLACE (City and State or Foreign Country) Easton, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Sampson Whitmore		13b. MOTHER'S MAIDEN NAME Fyanna Miller		14. NAME OF HUSBAND OR WIFE Seigel Attebery	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NUMBER (If yes, give war or dates of service) 495-07-7774		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Herbert Gaul, Stewartsville	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 WK.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CARDIAC DECOMPENSATION		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) BILAT. RENAL CALCULI DUE TO (c) MOD. SEVERE ANEMIA		
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? 2 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)
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?

22. I hereby certify that I attended the deceased from **4/20**, 19**57**, to **11/6**, 19**57**, that I last saw the deceased alive on **11/2**, 19**57**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John T. Rogers M.D.	23b. ADDRESS 307 Knapwood Dr. No. 11/7/57	23c. DATE SIGNED 11/7/57
24. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/9/57	24c. NAME OF CEMETERY OR CREMATORY Stewartsville
24d. LOCATION (City, town, or county) (State) Stewartsville Mo.		

DATE REC'D BY LOCAL REG. 11-7-57	REGISTRAR'S SIGNATURE Mrs. Robert Fulton	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.E. Summerfield, Stewartsville, Mo.
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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 *W.E. Summersfield*

Licensed Embalmer No. *3007*

P. O. Address *Stewartsville, TN*

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.