

FILED MAR 17 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009321

STATE FILE NUMBER

Registration District No. 77Primary Registration District No. 5303Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Jefferson City</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Long Street</u>		Length of stay in lb <u>20 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>P.R.5.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Isaac Newton Atterbury</u>			4. DATE OF DEATH Month Day Year <u>March 5-14-58</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 5-1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>State Controller</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Finance</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <u>58</u>
11. BIRTH PLACE (City and state or country) <u>Madison, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph W Atterbury</u>		13b. MOTHER'S MAIDEN NAME <u>Berndah Briscoe</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Kuntz</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>	
16. SOCIAL SECURITY NO. <u>500-24-0942</u>		17. INFORMANT Address <u>Mrs Isaac Newton Atterbury Jefferson</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Army Declassion</u> DUE TO (b) <u>Cardio Vascular disease</u> DUE TO (c) <u>Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4201</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Jefferson City MO</u>	
21. I attended the deceased from <u>12-7-57</u> to <u>3-4-58</u> and last saw him alive on <u>12-13-58</u> Death occurred at <u>about 6:45 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE OF REGISTRAR <u>R.P. Darrin MD-MR.</u>	
22b. ADDRESS <u>507 East High St Jefferson City MO</u>		22c. DATE SIGNED <u>3-14-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Home</u>		23b. DATE <u>3/14/58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St. Michael's</u>		23d. LOCATION (City, town, county) (State) <u>Jefferson City MO</u>	
24. FUNERAL DIRECTOR <u>Frank A Thompson</u>		25. DATE RECD. BY LOCAL REG. <u>14 March 1958</u>	
26. REGISTRAR'S SIGNATURE <u>R.P. Darrin MD-MR.</u>		27. LICENSED EMBALMER'S STATEMENT ON REVERSE SIDE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

alth,  
elfare  
blic  
ervice00  
576  
0  
1

6961 I 2 NVP  
JAN 21 1959

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 *Mr. Fred A. ...*

Licensed Embalmer No. *3282*

P. O. Address *...*

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.