

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-021871

Filed JUL 14 1959 / 56

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 2001 Registrar's No. 333

1. PLACE OF DEATH a. COUNTY <u>Jasper</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u> c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY OR TOWN <u>Joplin</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <u>720 Ozark</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Clarence O. Atteberry</u>			4. DATE OF DEATH Month Day Year <u>July 3 1959</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>Feb 26 1910</u>	9. AGE (last birthday) <u>49</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supervisor Ammonia Dept</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Spencer Chem.</u>		11. BIRTHPLACE (City and state or country) <u>Duenweg, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U S A</u>
13a. FATHER'S NAME <u>Edwin Atteberry</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Blackburn</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Lucille Atteberry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT Address <u>Mrs. Lucille Atteberry Joplin, Mo.</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>Myocardial infarction</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.) _____		
20c. TIME OF INJURY Hour a.m. p.m. _____		Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <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 _____	
21. I attended the deceased from <u>6-29-59</u> to <u>7-3-59</u> and last saw him ^{her} alive on <u>7-3-59</u> Death occurred at <u>9:20 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deceased or wife) <u>[Signature]</u>			22b. ADDRESS <u>302 Medical Arts Bldg. Joplin, Mo.</u>		22c. DATE SIGNED <u>7/7/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jul 7 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park</u>	
23d. LOCATION (City, town, or county) (State) <u>Joplin Missouri</u>		24. FUNERAL DIRECTOR <u>Hurlbut-Glover Mortuary</u>		25. DATE RECD. BY LOCAL REG. <u>7-10-1959</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 20 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dale G.

Licensed Embalmer No. 45

P. O. Address Joplin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.