

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36831

State File No.

FILED NOV 4 - 1953

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5971 Registrar's No. 135

0940

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

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bolivar (S.W. Marion)</u>	c. LENGTH OF STAY (in this place) <u>60 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Bolivar (S.W. Marion Twp)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 mi. West of Bolivar</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/2 mi. West of Bolivar</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hugh</u> b. (Middle) <u>Renrick</u> c. (Last) <u>Atrey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 19 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb 16 1892</u>	9. AGE (In years last birthday) <u>61</u> Months <u>8</u> Days <u>3</u>	10. IF UNDER 1 YEAR Hours <u>1</u> Min. <u>1</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Oak Dale Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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10a. USUAL OCCUPATION (Give kind of work depending on most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Oak Dale Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas S. Atrey</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mc</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Atrey</u>	ADDRESS <u>Bolivar 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Heart Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic hypertensive myocarditis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured Rib due to fall</u>		DUE TO (c) <u>1 wk</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	20. AUTOPSY? <u>F</u> YES <input type="checkbox"/> NO <input 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 10/12, 1953, to 10/19, 1953, that I last saw the deceased alive on 10/19, 1953, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>not</u>	23b. ADDRESS <u>Bolivar Mo</u>	23c. DATE SIGNED <u>10/27/53</u>
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 21 / 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Payne Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Polk Mo</u>
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DATE REC'D BY LOCAL REG. <u>10/29/53</u>	REGISTRAR'S SIGNATURE <u>Ralph Henderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Erwin R Blue</u>	ADDRESS <u>Bolivar Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

JUL 8 1955

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

Student Embalmer.

Signed W. Edward B. Egan

Licensed Embalmer No. 3092

P. O. Address Salix, Mo.

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 this body is not embalmed, fact should be so stated above.