

FILED APR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11348

State File No.

1140

BIRTH NO. REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 6286 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wood Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0</u> OR TOWN <u>Rural Wood Township</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>7 Mile Northwest of Mountain Grove</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anderson</u> b. (Middle) <u>Smith</u> c. (Last) <u>Absher</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 15 1949</u>	
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> <u>1</u>	8. DATE OF BIRTH <u>May 17, 1861</u>
9. AGE (In years last birthday) <u>87</u>		10. AGE (In years last birthday) <u>87</u>	11. AGE (In years last birthday) <u>87</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13a. FATHER'S NAME <u>J. Absher</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>Lillie Absher</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Smith Absher Jr.</u>		ADDRESS <u>Mountain Grove, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Pancreas</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>157X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES ☐ NO ☒			
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>born</u> , 1948, to <u>3-15-1949</u> , that I last saw the deceased alive on <u>3-15-1949</u> , and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. M. Clumey</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Mountain Grove, Mo.</u>	
23c. DATE SIGNED <u>3-20-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 18. 49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Absher</u>		24d. LOCATION (City, town, or county) (State) <u>Mountain Grove, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-24-49</u>		REGISTRAR'S SIGNATURE <u>A. R. Jones</u> <u>348</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>GRABLE-WINDLE</u>		ADDRESS <u>Mountain Grove, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—0

RECEIVED
District Health Officer No. 6
District File Number 449-358
Date Filed 4-5-49

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.

Signed Frank Grable

Signed _____
Student Embalmer

Frank Grable
Licensed Embalmer No. 4140

P. O. Address Mountain Grove, 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.