

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18827

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>2116</u>	
1. PLACE OF DEATH a. COUNTY <u>Ca pe Girardeau Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau Mo.</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Union</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Cape Girardeau Mo.</u>			
3. NAME OF DECEASED (Type or Print) <u>Cyrus</u> a. (First) <u>W</u> b. (Middle) <u>Abernathy</u> c. (Last)				4. DATE OF DEATH (Month) (Day) (Year) <u>July 4 1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 13 1875</u>	
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <u>Perry Co. Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Drury Abernathy</u>				13b. MOTHER'S MAIDEN NAME <u>Leverne Adler</u>			
14. NAME OF HUSBAND OR WIFE <u>Forest Abernathy</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>None</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Forest Abernathy</u>				ADDRESS <u>Perryville 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>bronchial pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>celebral hemorrhage for 9 days in comma</u> DUE TO (c) <u>prostatitis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>None</u>				19b. MAJOR FINDINGS OF OPERATION <u>none</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>natural</u>				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. <u>7-3</u>				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 <u>6-29-49</u> to <u>7-4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7-3</u> , 19 <u>49</u> , and that death occurred at <u>12:40 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. R. M. Stevenson</u>				23b. ADDRESS <u>750 E. High Building</u>			
23c. DATE SIGNED <u>7/5/49</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>July 6 1949</u>			
24c. NAME OF CEMETERY OR CREMATORY <u>York Chapel Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>York Chapel Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-5-1949</u>				REGISTRAR'S SIGNATURE <u>C. C. Summers</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Peters</u>				ADDRESS <u>Perryville Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

7-11-49

Health Officer No. 4

File Number 749-90

Date Filed

### 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

*Emilio J. ...*

Licensed Embalmer No. 2138

P. O. Address: *Terrell, 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.