

FILED AUG 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **24191**

BIRTH NO. _____		REG. DIST. NO. <b>237</b>		PRIMARY REG. DIST. NO. <b>4353</b>		Registrar's No. <b>12</b>	
1. PLACE OF DEATH a. COUNTY <b>New Madrid</b> b. CITY (If outside corporate limits, write RURAL and give township) <b>Gideon</b> c. LENGTH OF STAY (If in place) <b>8 yrs</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NONE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>New Madrid</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>Gideon</b> d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Evalina</b> b. (Middle) <b>Abney</b> c. (Last) <b>Abney</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>8 - 6 - 49</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Oct. 27, 1870</b>	
9. AGE (In years last birthday) <b>78</b>		10. UNDER 1 YEAR Months <b>9</b> Days <b>10</b>		11. BIRTHPLACE (State or foreign country) <b>Carrier Mills, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Carrier</b>		13b. MOTHER'S MARDEN NAME <b>Martha E. Parker</b>		14. NAME OF HUSBAND OR WIFE <b>Robert Abney</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Gertrude Coombs</b> ADDRESS <b>Gideon</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL HEMORRHAGE</b> ANTECEDENT CAUSES DUE TO (b) <b>arteriosclerotic Hypertension</b> DUE TO (c) <b>generalized arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 <b>8-5</b> , 19 <b>49</b> , to <b>8-6</b> , 19 <b>49</b> ; that I last saw the deceased alive on <b>8-6-49</b> , and that death occurred at <b>3:30</b> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <b>J. S. Hopkins, M.D.</b> (Degree or title)				23b. ADDRESS <b>Gideon, Mo.</b>		23c. DATE SIGNED <b>8-8-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-8-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Stanfield</b>		24d. LOCATION (City, town, or county) (State) <b>near Clarkton</b>	
DATE REC'D BY LOCAL REG. <b>8-8-49</b>		REGISTRAR'S SIGNATURE <b>Mr. Byron Sharp</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Clayton Russell</b> ADDRESS <b>Logan Ark</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 9 19  
District Health Office No. 2,  
District File Number 849-818  
Date Filed

AUG 9 1949

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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.....

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

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