

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH4675
State File No. 25916

BIRTH NO. _____		REG. DIST. NO. 370		PRIMARY REG. DIST. NO. 6254		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Wayne</u> 1				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Wayne</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granville</u>		c. LENGTH OF STAY (in this place) <u>lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granville</u> 111			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____ 2			
3. NAME OF DECEASED (Type or Print) <u>EMMA</u> a. (First) b. (Middle) c. (Last) <u>ABERNATHY</u>				4. DATE OF DEATH <u>April 29 1949</u> (Month) (Day) (Year)			
5. SEX <u>F</u> 1		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>Dec. 5-1885</u>	
9. AGE (in years last birthday) <u>63</u>		10. MONTHS <u>0</u>		11. BIRTHPLACE (State or foreign country) <u>Wayne Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Wayne Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN VONASER</u>		13b. MOTHER'S MAIDEN NAME <u>Belle CHUBB</u>		14. NAME OF HUSBAND OR WIFE <u>J. M. Chernicky</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. M. Chernicky</u> ADDRESS _____			
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>Cancer of brain</u> ANTECEDENT CAUSES <u>15-119</u> DUE TO (b) <u>15-119</u> DUE TO (c) <u>15-119</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>46</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 mos.</u> <u>156A</u>	
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 <u>6-1</u> , 19 <u>48</u> , to <u>death</u> , 19____, that I last saw the deceased alive on <u>4-4</u> , 19 <u>44</u> , and that death occurred at <u>2 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edmund W. Wagoner M.D.</u>				23b. ADDRESS <u>Granville Mo</u>		23c. DATE SIGNED <u>4/30/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 28</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grave Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wayne Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 4 1949</u>		REGISTRAR'S SIGNATURE <u>Edmund W. Wagoner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall Daniel</u>		ADDRESS <u>Granville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-8-49

Sanitary Health Officer No. 4

Sanitary File Number 849-1049

Date Filed

1949
5-14675

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.