

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13442

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 187	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho		87361	
d. FULL NAME OF HOSPITAL OR INSTITUTION 32nd St. AND Jackson				d. STREET ADDRESS 500 West Adams			
3. NAME OF DECEASED a. (First) Billy		b. (Middle) Joe		c. (Last) Abernathy		4. DATE OF DEATH (Month) (Day) (Year) 4 9 1950	
5. SEX male		6. COLOR OF RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH March 26, 1931	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Neosho		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME Ray Abernathy		13b. MOTHER'S MAIDEN NAME Cora Ann Gregg		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Ray Abernathy		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) Fracture of upper cervical spine ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) With section of brain stem DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH E 8194 3+	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 122				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2nd and Jackson Blvd		21c. (CITY, TOWN, OR TOWNSHIP) Joplin (COUNTY) Jasper (STATE) Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 - 9 - 1950 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR AUTOMOBILE ACCIDENT - RDR			
22. I hereby certify that I attended the deceased from <u>Did not attend</u> , that I last saw the deceased alive on <u>April 11, 1950</u> , and that death occurred at <u>Neosho, Mo.</u> from the causes and on the date stated above.							
23a. SIGNATURE W. W. Thomas, M.D.				(Degree or title) M.D.		23b. ADDRESS Joplin, Mo. 2nd St. Bldg	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/11/50		24c. NAME OF CEMETERY OR CREMATORY Gibson Cemetery		24d. LOCATION (City, town, or county) (State) Near Neosho, Mo.	
DATE REC'D BY LOCAL REG. 4-14-50		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Clark-Bigham Mortuary		ADDRESS Neosho, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4/15/50
Jasper County Health Office

County File Number 50-4-317

Date Filed 4-18-50

MAR 13 1951

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

Jesse O. Sullivan

Licensed Embalmer No. 4646

P. O. Address Joplin 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.