

FILED JUN 6 1950

STANDARD CERTIFICATE OF DEATH

Stat. File No. 19178

BIRTH NO.		REG. DIST. NO. 370		PRIMARY REG. DIST. NO. 6254		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY WAYNE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Wayne			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Summit		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Summit		1110	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) MILTON		c. (Last) ABERNATHY		4. DATE OF DEATH (Month) (Day) (Year) MAY 19 1950	
5. SEX 0		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W V		8. DATE OF BIRTH Jan. 10 - 1874	
9. AGE (in years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		11. BIRTHPLACE (State or foreign country) Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JAMES ABERNATHY		13b. MOTHER'S MAIDEN NAME MARY KLEDER		14. NAME OF HUSBAND OR WIFE James			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Abernathy Summit Mo			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid 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.				INTERVAL BETWEEN ONSET AND DEATH 4/20/1	
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) (Min.)		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 May 1, 1950, to May 10, 1950, that I last saw the deceased alive on May 1, 1950, and that death occurred at 4:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Adam F. Wagner, M.D.		U (Degree or title)		23b. ADDRESS Greenville Mo		23c. DATE SIGNED 5-20-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 21, 1950		24c. NAME OF CEMETERY OR CREMATORY Green Cemetery		24d. LOCATION (City, town, or county) (State) Wayne Co. Mo	
DATE REC'D BY LOCAL REG. May 31 - 50		REGISTRAR'S SIGNATURE Mabel Beasley		25. FUNERAL DIRECTOR'S SIGNATURE Miss L. Marshall		ADDRESS Greenville, Mo	

RECEIVED

JUN 3 1960

WAYNE CO. HEALTH CENTER

FILE No. 550-661

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 _____

me Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Tris J. Marshall

Licensed Embalmer No. 4601

P. O. Address Greenfield, 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.