

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19528

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 209	
1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY BOLLINGER			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAPE GIRARDEAU		c. LENGTH OF STAY (in this place) 2 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) RURAL		d. STREET ADDRESS (If rural, give location) NEAR LUTESVILLE 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL				d. STREET ADDRESS (If rural, give location) NEAR LUTESVILLE 1			
3. NAME OF DECEASED (Type or Print) HENRY		a. (First) L. ABERNATHY		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) JUNE 26 1950	
5. SEX M. O		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1		8. DATE OF BIRTH FEB. 19, 1899	
9. AGE (In years last birthday) 51		10. MONTHS 4		11. DAYS 7		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STANDARD OIL AGENT		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BOLLINGER Co. MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME RUBEN M. ABERATHY		13b. MOTHER'S MAIDEN NAME PARLEY MYERS		14. NAME OF HUSBAND OR WIFE ETHEL ABERNATHY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 494-01-1955		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ETHEL ABERNATHY LUTESVILLE, 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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy 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. 19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		INTERVAL BETWEEN ONSET AND DEATH 334X			
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) _____		21f. HOW DID INJURY OCCUR? _____	
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 6/24, 1950, to 6/26, 1950, that I last saw the deceased alive on 6/26, 1950, and that death occurred at 4:20 A.M., from the causes and on the date stated above.							
23a. SIGNATURE W. Smith		23b. ADDRESS Cape Girardeau, MO		23c. DATE SIGNED 6/30/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-28-50		24c. NAME OF CEMETERY OR CREMATORY BAKER CEM.		24d. LOCATION (City, town, or county) (State) LUTESVILLE MO.	
DATE REC'D BY LOCAL REG. 7-2-1950		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BAKER FUNERAL HOME LUTESVILLE, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 29 1950

AUG 13 1950

6

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

J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Louisville, 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.