

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36125

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5109</u>		Registrar's No. <u>88</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger,</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Crooked creek.</u> c. LENGTH OF STAY (in this place) <u>55 y.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at her home.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri,</u> b. COUNTY <u>Bollinger</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Crooked creek;</u> d. STREET ADDRESS (If rural, give location) <u>Lutesville, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Eliziabth</u> c. (Last) <u>Abernathy,</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>11-26-50</u>			
5. SEX <u>Female,</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10-23-1877</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		11. BIRTHPLACE (State or foreign country) <u>Behlie Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Anton Kirn,</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Schnepfusch,</u>		14. NAME OF HUSBAND OR WIFE <u>Noah Abernathy,</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Noah Abernathy, Husban,</u> ADDRESS <u>Lutesville,</u>			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>331X</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>8/4</u> , 19 <u>45</u> , to <u>10/6</u> , 19 <u>45</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John J. Morris (Coroner)</u> (Degree or title) _____				23b. ADDRESS <u>Lutesville Mo</u>		23c. DATE SIGNED <u>11/28/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-28-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Plain View Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>County, Bollinger, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 29, 1950</u>		REGISTRAR'S SIGNATURE <u>Willie Van Amburgh</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Coy Shetty</u> ADDRESS <u>Lutesville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 1 1950

DISTRICT HEALTH OFFICE No. 0

File No.

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

working under my personal supervision.

Student Embalmer No.

Signed

Howard R. Haman

Signed.....
Student Embalmer

Licensed Embalmer No. *4122*

P. O. Address *Cape Girardeau,*

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.