S. No. 300
Rev. 10.48

FILED JUL 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25990

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6249 Registrar's No. 121

1. PLACE OF DEATH
a. COUNTY: Wayne
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Piedmont Benton
c. LENGTH OF STAY (In this place): 40 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Wayne
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Piedmont
d. STREET ADDRESS (If rural, give location): 1110 9

3. NAME OF DECEASED (Type or Print): a. (First) Liza b. (Middle) Jane c. (Last) Abernathy

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 10 1861

9. AGE (In years last birthday): 90 — If under 1 year: Months 2, Days 1 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: <

11. BIRTHPLACE (State or foreign country): Edmondson Co Ky

12. CITIZEN OF WHAT COUNTRY?: AM

13a. FATHER'S NAME: William Patterson

13b. MOTHER'S MAIDEN NAME: Elizabeth Majors

14. NAME OF HUSBAND OR WIFE: Phillip A. Abernathy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): <

16. SOCIAL SECURITY NO.: <

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Phillip A Abernathy

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

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

4500

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-6- 1882, to 7-11- 1951, that I last saw the deceased alive on 7-10- 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE L. E. Fleming M.D. (Degree or title)

23b. ADDRESS Piedmont Mo

23c. DATE SIGNED 7-17-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 13-51

24c. NAME OF CEMETERY OR CREMATORY: Masonic

24d. LOCATION (City, town, or county) (State): Piedmont Mo

DATE REC'D BY LOCAL REG.: July 18, 1951

REGISTRAR'S SIGNATURE: Hazel Ward 468

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: William Cobb Piedmont

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUL 23 1951
WAYNE CO. HEALTH CENTER

FILE No. 751-43

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 Cooder Funeral Home, Student Embalmer No. .....
working under my personal supervision.

Student .....
Student Embalmer

Signed William Cooder

Licensed Embalmer No. 3723

P. O. Address Piedmont, Ne

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.