

FILED AUG 24 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 29225

BIRTH NO.		REG. DIST. NO. 333	PRIMARY REG. DIST. NO. 6114	Registrar's No. 131
1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MORLEY TWP. 6114		c. LENGTH OF STAY (in this place) 4 MO. 10-00		
d. FULL NAME OF HOSPITAL OR INSTITUTION MORLEY R. 2		d. STREET ADDRESS (If rural, give location) MORLEY R. 2		
3. NAME OF DECEASED (Type or Print) a. (First) FLORENCE		b. (Middle) NELLIE		c. (Last) ABERNATHY
4. DATE OF DEATH (Month) (Day) (Year) AUG 7 1951				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 22 1884	9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 4 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) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13a. FATHER'S NAME RICHARD BRYANT		13b. MOTHER'S MAIDEN NAME BETTY TUBBS		14. NAME OF HUSBAND OR WIFE CLARENCE ABERNATHY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CLARENCE ABERNATHY MORLEY, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Endocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) <u>Vascular Hypertension</u> 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		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)		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 _____, 1950, to 8/7, 1951, that I last saw the deceased alive on 7/9, 1951, and that death occurred at 0:00A.M., from the causes and on the date stated above.				
23a. SIGNATURE <u>Dr. Cline, MD</u>		23b. ADDRESS <u>Oran, Mo</u>		23c. DATE SIGNED 8/9/51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG. 9 1951		24c. NAME OF CEMETERY OR CREMATORY OLD MORLEY CEM.
24d. LOCATION (City, town, or county) (State) MORLEY MO.				
DATE RECD BY LOCAL REG. Aug/3-51		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>		25. EMERALD DIRECTOR'S SIGNATURE ADDRESS <u>Earl Smith</u> ORAN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

1000

RECEIVED AUG 20 1951
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 851-181

AUG 29 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 Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address Orran, 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.