No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30623**

FILED SEP 17 1951

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO 5595 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ROCK TOWNSHIP
c. LENGTH OF STAY (in this place) 2 WKS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) NEAR BECK MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY JEFFERSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL ROCK TOWNSHIP 05000
d. STREET ADDRESS (If rural, give location) NEAR BECK MO

3. NAME OF DECEASED (Type or Print) a. (First) LEO b. (Middle) c. (Last) ABERNATHY

4. DATE OF DEATH (Month) SEPT (Day) 1 (Year) 1951

5. SEX MALE

6. COLOR OR RACE WHITE

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

8. DATE OF BIRTH JULY 4 1876

9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months 1 Days 27 IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) PERRY COUNTY MO

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME UNKNOWN

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE ELIZABETH ABERNATHY

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

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS ELIZABETH ABERNATHY ARNOLD 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) Senility 4222

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 ☐ 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) Arnold Jefferson Mo

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* July 26 1941 *to* Sept 1 1951, *that I last saw the deceased alive on* Sept 1, 1951, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) O Keich MD

23b. ADDRESS Bunceton, Mo

23c. DATE SIGNED 9-1-51

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

24b. DATE SEPT 3, 1951

24c. NAME OF CEMETERY OR CREMATORY PLEASANT GROVE

24d. LOCATION (City, town, or county) (State) PERRY COUNTY MO

DATE REC'D BY LOCAL REG. 9/8/51

REGISTRAR'S SIGNATURE Ruth Jirsa

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Young & Sons Perryville Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Colin L. Young

Licensed Embalmer No 2138

P. O. Address Perryville 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.