

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

41439

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>5551</u>		Registrar's No. <u>84</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY OR TOWN <u>West Plains</u> c. LENGTH OF STAY (in this place) <u>17 yrs</u>				c. CITY OR TOWN <u>West Plains</u> Mo			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>Rt 3 0460</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Melona</u> c. (Last) <u>Abney</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>11-11-1951</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>3-12-1888</u>	
9. AGE (In years) <u>63</u> <u>7</u> <u>29</u> <u>Days</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Robert Lee</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>Bert Abney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>3533</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bert Abney</u> ADDRESS <u>West Plains Mo</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>Epilepsy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH _____							
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) (Min) _____		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 _____ to _____, 19____, 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>G. B. Forest</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>West Plains Mo</u>		23c. DATE SIGNED <u>12/7/1961</u>	
24a. BURIAL, CREMATION, REMAINS (Specify) <u>Burial</u>		24b. DATE <u>11/13-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newell Valley</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-9-52</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		379		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert...</u> ADDRESS <u>West Plains Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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. D. Roberts

Licensed Embalmer No. *3437*

P. O. Address. *West Plains*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.