

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5442

State File No. 1495

FILED MAR 12 1952

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 94	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. LENGTH OF STAY (In this place) 54 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) Joplin		1495	
d. FULL NAME OF HOSPITAL OR INSTITUTION 601 North Wall Street				d. STREET ADDRESS (If rural, give location) 601 North Wall Street			
3. NAME OF DECEASED (Type or Print) a. (First) Claribel		b. (Middle) Richardson		c. (Last) ABERNETHY		4. DATE OF DEATH (Month) (Day) (Year) February 26, 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH October 20, 1872	
9. AGE (In years last birthday) 79		10. UNDER 1 YEAR Months		11. UNDER 1 YEAR Days		12. UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sec and Treas of Abernethy Lumber Co.				10b. KIND OF BUSINESS OR INDUSTRY Co. Eureka, Kansas			
11a. BIRTHPLACE (State or foreign country) U.S.		12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Byron Richardson		13b. MOTHER'S MAIDEN NAME Virginia Houston	
14. NAME OF HUSBAND OR WIFE Elbert C Abernethy (DEC)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs Jack Manning 605 N Byers, Joplin	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis chronic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardis vascular renal disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Died without medical attention 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION Christiana Sauter				INTERVAL BETWEEN ONSET AND DEATH _____			
20a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21c. HOW DID INJURY OCCUR? 442X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22. I hereby certify that I attended the deceased from _____, 19____, and that death occurred at 2:30 PM, from the causes and on the date stated above.			
23a. SIGNATURE W. O. Lewis, MD, Com. Insp. Co.		23b. ADDRESS Joplin, Mo. 138		23c. DATE SIGNED 3-1-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Feb 28, 1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) Webb City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mort Joplin, Mo.	
DATE REC'D BY LOCAL REG. 3-3-52		REGISTRAR'S SIGNATURE [Signature]		(Licensed Embalmer's Statement on Reverse Side)			

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

RECEIVED 3-8-52

Jasper County Health Office

County File Number 52/3/176

Date Filed 3-8-52

JAN 22 1953

VS NOV 20 1956

SEP 17 1958

APR 24 1957

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.

Signed.....
Student Embalmer

Signed

Student embalmer No.....

Licensed Embalmer No. 4770

P. O. Address. Joplin, 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.