

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17329**

BIRTH NO. _____ REG. DIST. NO. **237** PRIMARY REG. DIST. NO. **5820** Registrar's No. **12**

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| 1. PLACE OF DEATH a. COUNTY New Madrid Anderson Twp | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Wayne | |
| b. CITY (If outside corporate limits, write RURAL and give township) Gideon (Rural) | | c. CITY (If outside corporate limits, write RURAL and give township) Mill Springs | |
| c. LENGTH OF STAY (In this place) 1 da. | | d. STREET ADDRESS (If rural, give location) / | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Katherine b. (Middle) Abaffie c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) 5-15-1952 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH 9-16-1878 |
| 9. AGE (In years last birthday) 74 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 11. BIRTHPLACE (State or foreign country) Nova Marta Czech-Slovakia | 12. CITIZEN OF WHAT COUNTRY? C.S. |
| 10a. KIND OF BUSINESS OR INDUSTRY | | 10b. CITIZEN OF WHAT COUNTRY? | |

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| 13a. FATHER'S NAME John Nagy | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Tom Abaffie |
| 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 Kathryn E. Eversworth, Gideon, Mo. |

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| 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. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease 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 11 hours 3 yrs. |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4201 | 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 **5-15-52**, 19**52**, to **5-15**, 19**52**, that I last saw the deceased alive on **5-15-52**, 19**52**, and that death occurred at **5:00 P.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE J. Hopkins, M.D. | (Degree or title) | 23b. ADDRESS Gideon, Mo. | 23c. DATE SIGNED 5/16/52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5-17-1952 | 24c. NAME OF CEMETERY OR CREMATORY Chapple Hill | 24d. LOCATION (City, town, or county) (State) 6 Mi. West of Williamsville, MO. |

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| DATE REC'D BY LOCAL REG. 5-17-52 | REGISTRAR'S SIGNATURE Mrs. E. B. Hopkins | 25. FUNERAL DIRECTOR'S SIGNATURE Lloyd M. Russell, L. Eggett, Ark. |
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(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 Mrs.

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Lloyd M. Russell

Licensed Embalmer No. 509- Ark.

P. O. Address Piggott, Ark.

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.