

STANDARD CERTIFICATE OF DEATH

1952

State File No.

FILED JUN 3 1952

BIRTH NO. REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 450 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <i>Stoddard</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Illinois</i> b. COUNTY <i>Saline</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Puxico</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Carrier Mills Ill.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>8120</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Ada</i> b. (Middle) <i>Lee</i> c. (Last) <i>Abney</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 8 1952</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Feb. 7 - 1881</i>
9. AGE (In years last birthday) <i>71</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	
11. BIRTHPLACE (State or foreign country) <i>Carrier Mills Ill.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	

13a. FATHER'S NAME <i>James Harris</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Jane Medlin</i>		14. NAME OF HUSBAND OR WIFE <i>W.O. Abney</i>	
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. <i>Robert Abney</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Puxico Mo</i>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of lungs</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>metastasis from</i> DUE TO (c) <i>line</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>1561</i>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 *May 6, 1952* to *May 8, 1952*, that I last saw the deceased alive on *May 8, 1952*, and that death occurred at *4:00 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>H.B. Sellings</i>		23b. ADDRESS <i>PO Box</i>		23c. DATE SIGNED <i>5/8/52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>May 10 1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Salem</i>	
24d. LOCATION (City, town, or county) (State) <i>Carrier Mills Ill.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Miller Funeral Home</i>		ADDRESS <i>Carrier Mills Ill.</i>	
DATE REC'D BY LOCAL REG. <i>5-8-52</i>		REGISTRAR'S SIGNATURE <i>Thyde Morgan</i>		358	

(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.....

William H. Mayne

Licensed Embalmer No.

7640

P. O. Address.....

Adams, 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.