

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44268

State File No.

25

BIRTH NO.		REG. DIST. NO. ³⁴⁹ ~~7643~~		PRIMARY REG. DIST. NO. ⁴⁵¹³		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan			
b. CITY (If outside corporate limits, write RURAL and give township) Green Castle		c. LENGTH OF STAY (in this place) 19 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Green Castle		1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home in Green Castle				d. STREET ADDRESS (If rural, give location) No street address			
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) F.		c. (Last) Abernathy	
4. DATE OF DEATH Dec. 24, 1952		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 5, 1874		9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jacob Abernathy		13b. MOTHER'S MAIDEN NAME Belle Virden		14. NAME OF HUSBAND OR WIFE Byrd Abernathy	
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. 491-07-1309		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Byrd Abernathy, Green Castle,			
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) Arterio ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) _____ DUE TO (c) _____ 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 ☒				MEDICAL CERTIFICATION INTERNAL BETWEEN ONSET AND DEATH 1 yr			
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)		22. I hereby certify that I attended the deceased from Dec 10, 1952 to Dec 24, 1952 , that I last saw the deceased alive on Dec 17, 1952 and that death occurred at 12:30 P.M. , from the causes and on the date stated above.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?		23. SIGNATURE (Deed or title) H. H. Garrison	
23a. SIGNATURE		23b. ADDRESS Wm. J. Meringer, Mo 99-2657		23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Dec. 27, 1952		24c. NAME OF CEMETERY OR CREMATORY Green Castle Cemetery, Green Castle, Mo.		24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn E. Kenton, Green City, Mo.	
DATE REC'D BY LOCAL REG. Dec. 29-1952		REGISTRAR'S SIGNATURE Laura M. Catlett		(Licensed Embalmer's Statement on Reverse Side)			

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

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JAN 15 1955

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 _____

Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.