

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8600

State File No.

FILED MAR 2 - 1953

BIRTH NO.		REG. DIST. NO. <u>379</u>		PRIMARY REG. DIST. NO. <u>4552</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn Grove, Mo</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain Grove Mo 1140</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Common Mem. Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anderson</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Absher</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 5, 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov 4, 1874</u>	
9. AGE (In years last birthday) <u>78</u>		10. UNDER 1 YEAR Months <u>3</u> Days <u>1</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wright Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wright Co. Mo.</u>			
13a. FATHER'S NAME <u>Isaac Absher</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Helms</u>		14. NAME OF HUSBAND OR WIFE <u>Celia Absher</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Oscar Absher Harwood, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphogranulomatosis</u> 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. <u>201X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>1-1-</u> <u>1953</u> , to <u>2-5-</u> <u>1953</u> , that I last saw the deceased alive on <u>2-5-</u> <u>1953</u> , and that death occurred at <u>4:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Del Cour</u>		23b. ADDRESS <u>Mountain Grove Mo</u>		23c. DATE SIGNED <u>2-5-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-9-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thomas</u>		24d. LOCATION (City, town, or county) (State) <u>Harwood, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-9-53</u>		REGISTRAR'S SIGNATURE <u>A.C. Ames</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stable-Windle</u>		ADDRESS <u>Mtn Grove Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

WRIGHT CO. HEALTH DEPT.
County File Number 253-30
Date Filed 2-21-54

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

Frank Grable

Licensed Embalmer No.

4140

P. O. Address

Intn. Grave, Wm

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.