

STANDARD CERTIFICATE OF DEATH

FILED AUG 6 - 1953

BIRTH NO. ... REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 6149 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Duck Creek T.S.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1039	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Nettie	b. (Middle)	c. (Last) Allen	4. DATE OF DEATH (Month) (Day) (Year) 7 10 53
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 10 1870	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 1	IF UNDER 1 HR. Hours 	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cape Girardeau Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Abernathy	13b. MOTHER'S MAIDEN NAME No Data	14. NAME OF HUSBAND OR WIFE deceased
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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.	17. INFORMANT'S SIGNATURE OR NAME Oscar McClard Puxico MO,	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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 <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1946 to 7/10, 1953, that I last saw the deceased alive on 6/23, 1953, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE H. S. Puxico	(Degree or title) Dr. Puxico Mo	23b. ADDRESS	23c. DATE SIGNED 7/18/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-12-53	24c. NAME OF CEMETERY OR CREMATORY Duck Creek	24d. LOCATION (City, town, or county) (State) stoddard CO MO.
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DATE REC'D BY LOCAL REG. July 30/53	REGISTRAR'S SIGNATURE Pearl Reed	470	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Service	ADDRESS Puxico Mo
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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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Deuter, 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.