

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28325

State File No. _____

FILED SEP 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 815-A

1. PLACE OF DEATH
a. COUNTY GREENE
2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
a. STATE MISSOURI b. COUNTY STONE

b. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD c. LENGTH OF STAY (in this place)
c. CITY OR TOWN RURAL, LINCOLN TWP d. Is residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION SPRINGFIELD BAPTIST HOSPITAL
e. STREET ADDRESS (If rural, give location) 1040

3. NAME OF DECEASED a. (First) ABERHAM b. (Middle) GRANT c. (Last) KING 4. DATE OF DEATH (Month) (Day) (Year) August 25, 1953

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH June 3, 1872 9. AGE (In years last birthday) 81 If UNDER 1 YEAR Months 2 Days 22 If UNDER 24 HRS. Hours --- Min. ---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farmer 11. BIRTHPLACE (City and State or Foreign Country) Arkansas 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jessie King 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 494-18-4145 17. INFORMANT'S SIGNATURE OR NAME Lora Hultz, Crane, Missouri ADDRESS ---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
INTERVAL BETWEEN ONSET AND DEATH ---
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Vascular Disease
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 331'x 20. AUTOPSY? YES NO

21a. ACCIDENT (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) _____ m. _____ 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 21 Aug, 1953, to 25 Aug, 1953, that I last saw the deceased alive on 25 Aug, 1953, and that death occurred at 9:15p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Stanley A. Peterson MD 23b. ADDRESS Springfield, Mo 23c. DATE SIGNED 5 Sept 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 8/25/53 24c. NAME OF CEMETERY OR CREMATORY Galena 24d. LOCATION (City, town, or county) (State) Galena, Missouri

DATE REC'D BY LOCAL REG. 9-5-53 REGISTRAR'S SIGNATURE Edw. Williamson 25. FUNERAL DIRECTOR'S SIGNATURE Geary H. Mantore crane mo. ADDRESS ---

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.....
Signature of Student Embalmer

Signed *George H. Manlove*.....

Licensed Embalmer No. *382*.....

P. O. Address *Orem, Utah*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.