

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **387**  
Registrar's No. **182**

No. 300  
10-48

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

FILED JAN 28 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **5/35**

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL ASHILL</b>	c. LENGTH OF STAY (In this place) <b>10 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-AshHill Fisk Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4 mi. North of Fisk</b>		d. STREET ADDRESS (If rural, give location) <b>4mi. North Of Fisk 0120</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH</b> b. (Middle) <b>Franklin</b> c. (Last) <b>ABERNATHY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 21 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>5-10-1883</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Franklin Abernathy</b>	13b. MOTHER'S MAIDEN NAME <b>Hannah Davenport</b>	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give way or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME <b>Clifton Abernathy-Fisk, Mo.</b>	ADDRESS <b>Fisk, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Seriously</b>		ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (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.		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 <b>794 X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 **1-7, 1954**, to **1-20, 1954**, that I last saw the deceased alive on **1-12, 1954**, and that death occurred at **3:25 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. Shivers D.D.</b>	(Degree or title)	23b. ADDRESS <b>Fisk, Mo.</b>	23c. DATE SIGNED <b>1-20-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>1-23-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>STANFIELD</b>	24d. LOCATION (City, town, or county) (State) <b>CLARKTON-MO.</b>
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DATE REC'D BY LOCAL REG. <b>1/23/54</b>	REGISTRAR'S SIGNATURE <b>R.N. Wheeler</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J.C. White</b>	ADDRESS <b>Fisk, Mo.</b>
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RECEIVED  
JAN 25 1954  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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 \_\_\_\_\_ 1-21-54

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Phil A. Lenchel

Licensed Embalmer No. 2936

P. O. Address Maple Bluff, N

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.