

FILED JUN 3 1954

STANDARD CERTIFICATE OF DEATH

State File No. 16801

BIRTH NO. _____		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 5903		Registrar's No. 89	
1. PLACE OF DEATH a. COUNTY <u>Demiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Demiscot</u>			
b. CITY OR TOWN <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>0780</u> <u>Gayoso Twp</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Harry</u>		b. (Middle) <u>Marion</u>		c. (Last) <u>Abshire</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>22</u>		(Year) <u>1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u>		8. DATE OF BIRTH <u>Dec 14, 1884</u>	
9. AGE (In years last birthday) <u>69</u>		10. UNDER 1 YEAR <u>5</u>		11. UNDER 1 HRS. <u>8</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cairo Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Eli Abshire</u>		13b. MOTHER'S MAIDEN NAME <u>Eddie Mae Abshire</u>		14. NAME OF HUSBAND OR WIFE <u>Eddie Mae Abshire</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eddie Mae Abshire - Caruthersville</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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probably Coronary Occlusion</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>4201</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6</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.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Gayoso Twp Demiscot Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-22-54 4 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Found dead in bed 3 or 3 days</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		23. SIGNATURE (Degree or title) <u>John H. German Coroner</u>		23b. ADDRESS <u>Hoyti, Mo</u>	
23c. DATE SIGNED <u>5-24-54</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/26/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>CARUTHERSVILLE Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge Undertaking Co</u>		25b. ADDRESS <u>Caruthersville Mo</u>		25c. DATE SIGNED _____	
DATE REC'D BY LOCAL REG. <u>5-26-54</u>		REGISTRAR'S SIGNATURE <u>John W. German</u>		406-0		25d. DATE SIGNED _____	

(Licensed Embalmer's Statement on Reverse Side)

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

5-118-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 40
CARUTHERSVILLE, MO.

JUN 1 1954

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 *Noel C. Deane*
Licensed Embalmer No. 39

P. O. Address *Caruthersville*

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.