

FILED OCT 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36207**

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. I49	
1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY SCOTT			
b. CITY (If outside corporate limits, write RURAL and give township) SIKESTON		c. LENGTH OF STAY (in this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) SIKESTON		1003	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 135 S. New Madrid				d. STREET ADDRESS (If rural, give location) 414 KENDALL			
3. NAME OF DECEASED (Type or Print) ELI		a. (First) ELI		b. (Middle) -----		c. (Last) ABLES	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 6-1-1890	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE REPAIR		9b. KIND OF BUSINESS OR INDUSTRY SHOE SHOP		11. BIRTHPLACE (City and State or Foreign Country) BARDWELL KY		9. AGE (In years last birthday) 64 If UNDER 1 YEAR: Months _____ Days _____ Hours _____ Mins. _____	
13a. FATHER'S NAME SILAS WASHINGTON ABLES		13b. MOTHER'S MAIDEN NAME MARY ANN ALLEN		14. NAME OF HUSBAND OR WIFE BERNICE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Mrs Bernice Allen Sikeston MO			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Insufficiency M.I. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Heart Disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH 4201	
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 10-9, 1954, to _____, 19____, that I last saw the deceased alive on 10, 19____, and that death occurred at 3:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Andrew B. Hunter M.D.				23b. ADDRESS Sikeston MO		23c. DATE SIGNED 10-16-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-11-54		24c. NAME OF CEMETERY OR CREMATORY CITY		24d. LOCATION (City, town, or county) (State) SIKESTON MO	
DATE REC'D BY LOCAL REG. 10-18-54		REGISTRAR'S SIGNATURE Mrs. Clara Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Welch Funeral Home Sikeston MO			

(Licensed Embalmer's Statement on Reverse Side)

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

00121 1934

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 _____

Raymond Lewis

Licensed Embalmer No. *3467*

P. O. Address *St. Louis 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.