

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 30 1954

State File No. 40738

|                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                            |  |                                                                                                                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                                                    |  | REG. DIST. NO. 140                                                                                                                                                                                                                                                                                                                                                                                                                                |  | PRIMARY REG. DIST. NO. 3024                                                                                                                |  | Registrar's No. 104                                                                                                                  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Howard</b>                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b> |  |                                                                                                                                      |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Fayette, Missouri</b>                                                                                                                                                           |  | c. LENGTH OF STAY (in this place)<br><b>3 days</b>                                                                                                                                                                                                                                                                                                                                                                                                |  | c. CITY OR TOWN <b>Fayette</b>                                                                                                             |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lee Hospital</b>                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | STREET ADDRESS (If rural, give location)<br><b>503 N. Linn St.</b> 6456                                                                    |  |                                                                                                                                      |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Celeste</b>                                                                                                                                                                                                   |  | b. (Middle) <b>Brundage</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |  | c. (Last) <b>Abernathy</b>                                                                                                                 |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Dec. 23, 1954</b>                                                                        |  |
| 5. SEX <b>Female</b>                                                                                                                                                                                                                                               |  | 6. COLOR OR RACE <b>White</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>                                                                   |  | 8. DATE OF BIRTH<br><b>Aug. 26, 1890</b>                                                                                             |  |
| 9. AGE (In years last birthday) <b>64</b>                                                                                                                                                                                                                          |  | 10. IF UNDER 1 YEAR Months <b>3</b> Days <b>27</b>                                                                                                                                                                                                                                                                                                                                                                                                |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Shelby County, Missouri</b>                                                       |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                                                                        |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>House Work</b>                                                                                                                                                   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>                                                                                                                                                                                                                                                                                                                                                                                              |  | 13a. FATHER'S NAME<br><b>James H. Carmichael</b>                                                                                           |  |                                                                                                                                      |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Sallie Catherine Loy</b>                                                                                                                                                                                                           |  | 14. NAME OF HUSBAND OR WIFE<br><b>Lewis G. Abernathy</b>                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                            |  |                                                                                                                                      |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)<br><b>No</b>                                                                                                                                               |  | 16. SOCIAL SECURITY NO.<br><b>None</b>                                                                                                                                                                                                                                                                                                                                                                                                            |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>L. G. Abernathy 503 N. Linn Fayette</b>                                                    |  |                                                                                                                                      |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Carcinomatosis</b><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Adenocarcinoma of breast.</b><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |                                                                                                                                            |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Mo.</b>                                                                                       |  |
| 19a. DATE OF OPERATION<br><b>Small</b>                                                                                                                                                                                                                             |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>(b)</b>                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                            |  | 20. AUTOPSY?<br>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)<br><b>170 X</b>                                                                            |  |                                                                                                                                      |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.<br><b>1954</b>                                                                                                                                                                                                  |  | 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 <b>19</b> to <b>Dec 23</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>Dec 23</b> , 19 <b>54</b> , and that death occurred at <b>7:15</b> p.m., from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                            |  |                                                                                                                                      |  |
| 23a. SIGNATURE <b>Wm J Shaw</b> (Degree or title) <b>MD</b>                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 23b. ADDRESS <b>Fayette Mo.</b>                                                                                                            |  | 23c. DATE SIGNED <b>12/25/54</b>                                                                                                     |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                                                                                                                                                                                                         |  | 24b. DATE<br><b>12/26/1954</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Walnut Ridge Cemetery</b>                                                                         |  | 24d. LOCATION (City, town, or county) (State)<br><b>Fayette, Missouri</b>                                                            |  |
| DATE REC'D BY LOCAL REG.<br><b>12-25-54</b>                                                                                                                                                                                                                        |  | REGISTRAR'S SIGNATURE<br><b>Mary K. Shell</b>                                                                                                                                                                                                                                                                                                                                                                                                     |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Robert A. Carr</b>                                                                                  |  | ADDRESS<br><b>Fayette, Mo.</b>                                                                                                       |  |

NOV 22 1955  
MAR 4 1959

APR 19 1955

### 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.....

Licensed Embalmer No. 335

P. O. Address Fayette,

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.