

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

11287

State File No.

FILED APR 27 1955

BIRTH NO.		REG. DIST. NO. <u>58</u>		PRIMARY REG. DIST. NO. <u>4087</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>CARTER</u> <u>9.1.8.9</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>WAYNE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>VAN BUREN</u>		c. LENGTH OF STAY (in this place) <u>2 MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>PIEDMONT</u>		<u>1110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ORPHA</u> b. (Middle) <u>ALMEDA</u> c. (Last) <u>ABSHEAR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 17 1955</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>		8. DATE OF BIRTH <u>MARCH 6, 1878</u>	
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PATTERSON, MO. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>DAVID CLARK</u>			13b. MOTHER'S MAIDEN NAME <u>TERRSIE WARREN</u>			14. NAME OF HUSBAND OR WIFE <u>JAMES ABSHEAR</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>OPAL SMITH PIEDMONT, MO.</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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Bronchiectasis -</u> DUE TO (b) <u> </u> DUE TO (c) <u> </u> 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 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH <u>4 wks</u> <u>?</u>			
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) <u>491 X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Dec 1894</u> , to <u>17 Apr, 1955</u> , that I last saw the deceased alive on <u>4 April, 1955</u> , and that death occurred at <u> </u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. F. Crookston MD</u>				23b. ADDRESS <u>321 Oak Poplar Bluff Mo 66040</u>		23c. DATE SIGNED <u> </u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>APR. 19, 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LITTLE LAKE CEM</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR PATERSON, MO</u>	
DATE REC'D BY LOCAL REG. <u>April 23-55</u>		REGISTRAR'S SIGNATURE <u>Mrs Oeta Henshaw</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. Ash</u>		ADDRESS <u>Piedmont Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.