

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2197

FILED FEB 14 1956

BIRTH NO. _____		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 3049		Registrar's No. 47	
1. PLACE OF DEATH a. COUNTY <u>Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Canthunville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroe Memorial</u>				d. STREET ADDRESS (If rural, give location) <u>706 Ferguson Ave</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MONROE</u>		b. (Middle) <u>ABERNETHY</u>		c. (Last) <u>Jan-21-1956</u>	
4. DATE OF DEATH		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	
8. DATE OF BIRTH <u>Feb-20-1893</u>		9. AGE (In last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Power Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Troy Miss</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jack Abernathy</u>		13b. MOTHER'S MAIDEN NAME <u>Elyza Rathjke</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>was 1</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Abernathy</u>		ADDRESS <u>Canthunville</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis, massive</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>(b) Coronary Thrombosis moderate</u> <u>(12-25-56)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVIEW WITH ONSET AND DEATH <u>immediate</u> <u>immediate</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☐	
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)	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?		21g. DATE SIGNED <u>1-25-56</u>		21h. SIGNATURE <u>Harry P. M.D.</u>	
22. I hereby certify that I attended the deceased from <u>12-25</u> , 19 <u>55</u> , to <u>1-21</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-20-56</u> , 19 <u>56</u> , and that death occurred at <u>12:51</u> m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>John H. Herman</u>		23b. ADDRESS <u>La Foye & Co. Corinth, Mo</u>		23c. DATE SIGNED <u>1-25-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-22-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>		24d. LOCATION (City, town, or county) (State) <u>Blountville Ark</u>	
DATE REC'D BY LOCAL REG. <u>1-26-56</u>		REGISTRAR'S SIGNATURE <u>John H. Herman</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>La Foye & Co. Corinth, Mo</u>		ADDRESS <u>mo</u>	

(Licensed Emballer's Statement on Reverse Side)

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

2-40-56

FEB 8 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

FEB 10 1956

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

Noel C Dean

Licensed Embalmer No. *3941*

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