

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23268

FILED AUG 15 1956

BIRTH NO.		REG. DIST. NO. 104		PRIMARY REG. DIST. NO. 4176		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden		c. LENGTH OF STAY (in this place) 10 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden		035/0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 208 S. Marion St.				d. STREET ADDRESS (If rural, give location) 208 S. Marion St.			
3. NAME OF DECEASED (Type or Print) a. (First) Claudia b. (Middle) Evelyn c. (Last) Abney		4. DATE OF DEATH Aug 6, 1956					
5. SEX female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 11, 1884 72	
9. AGE (In years last birthday) 72		10. MONTHS Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Hanson, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME Cornelious Ashby		13b. MOTHER'S MAIDEN NAME Martha	
13c. NAME OF HUSBAND OR WIFE Albert Abney deceased		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		15. SOCIAL SECURITY NO. 493-01-9367A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lenora Bishop 2628 Allen St. Louis	
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) <u>Septicemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>High Blood Pressure</u> DUE TO (c) <u>Duodenitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Under 4/56</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		260X	
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 Jan 1, 1954, to Aug 6, 1956 that I last saw the deceased alive on Jan 5, 1956 and that death occurred at 7:40 A.M., from the causes and on the date stated above.							
23a. SIGNATURE J. R. Schlotterbeck, Jr. (Degree or title)		23b. ADDRESS Malden, Mo.		23c. DATE SIGNED Aug 7 1956			
24a. BURIAL / CREMATION REMOVAL (Specify) Burial		24b. DATE Aug. 8, 1956		24c. NAME OF CEMETERY OR CREMATORY Park		24d. LOCATION (City, town, or county) (State) Malden, Missouri	
DATE REC'D BY LOCAL REG. 8-8-56		REGISTRAR'S SIGNATURE J. L. Schuman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Day Funeral Home Malden, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEAD

DEPARTMENT 8-14-

COUNTY FILE NUMBER 856 -

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

J. J. Shuman

Licensed Embalmer No. 4086

P. O. Address Malden

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.