

FILED APR 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15845
Registrar's No. 61

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived... If Institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIKESTON</u>		c. CITY OR TOWN <u>SIKESTON</u>	d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. 6th ST</u>		e. STREET ADDRESS (If rural, give location) <u>S. 6th ST 100</u>	
3. NAME OF DECEASED a. (First) <u>HENRY</u> b. (Middle) <u>CLAY</u> c. (Last) <u>ABERCROMBIE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-1-57</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>WIDOWED</u>	8. DATE OF BIRTH <u>9-3-1876</u>
9. AGE (In years less birthday) <u>80</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>CLEBOURNE CO ALA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>WILLIAM</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>LELA</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Ashworth</u> ADDRESS <u>Siikeston 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable cerebrovascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. Arteriosclerotic</u> DUE TO (c) _____ 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 ☐ NO ☒		331X	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>7</u> , 19 <u>50</u> , to <u>—</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>about 1-5, 1957</u> , and that death occurred at <u>noon</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>E. D. Urban M.D.</u> (Degree or title)		23b. ADDRESS <u>Siikeston</u>	
23c. DATE SIGNED <u>4-2-57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>4-3-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BOARDMAN CHAPEL</u>	
24d. LOCATION (City, town, or county) (State) <u>SCOTT CO MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Welsh Funeral Home - Siikeston Mo</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>4-8-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ellen Hunter</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

429

DATE RECEIVED APR 15 1957

SCOTT CO. HEALTH DEPT.

CO. FILE NO. 457-74

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 Raymond C. Cows.....

Licensed Embalmer No. 3467

P. O. Address St. Katerina

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.