

FILED JUN 17 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2000

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 547

Docar, coroner, etc. must use only standard nomenclature in item 18. No symptoms or causes of death due to natural causes. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Arkansas</b> b. COUNTY <b>Boone</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Gamaliel</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St John's Hosp.</b>		Length of stay in lb <b>3 weeks</b>		d. STREET ADDRESS <b>no street address</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>HARVEY</b> Middle <b>ABNER</b> Last <b>ABNER</b>				4. DATE OF DEATH Month <b>June</b> Day <b>14</b> Year <b>1957</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>April 11, 1891</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Steel worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Steel Industry</b>		11. BIRTHPLACE (City and state or country) <b>Harrisburg, Pennsylvania</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>(unknown) Blessing</b>				14. MOTHER'S MAIDEN NAME <b>Unknown</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT Address <b>Mrs Wavyzelle Abner, Gamaliel, Arkansas</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Rheumatic heart Disease with congestive heart failure</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Malignant Teratoma of Mediastinum &amp; l. Lung</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____						INTERVAL BETWEEN ONSET AND DEATH <b>4/6 x H</b>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>May 22, 1957</b> to <b>June 14, 1957</b> and last saw her/him alive on <b>June 14, 1957</b> Death occurred at <b>9:55 a.m.</b> on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE (Degree or title) <b>John W. Polk, M.D.</b>				22b. ADDRESS <b>Springfield Mo</b>		22c. DATE SIGNED <b>6-14-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>June 15, 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Unknown</b>		23d. LOCATION (City, town, or county) (State) <b>Granite City, Ill.</b>	
24. FUNERAL DIRECTOR <b>Jewell E. Windle</b> ADDRESS <b>Springfield, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>6-14-57</b>		26. REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	

JUN 27 1957  
JUL 2 1957

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....*Bernard F. Wright*  
Licensed Embalmer No.....*42*

P. O. Address.....*Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.