

FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 027686
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 409

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR <u>Cape Girardeau, Mo.</u> Yes ☒ No ☐				c. CITY OR TOWN <u>Cape Girardeau</u> Inside Limits Yes ☒ No ☐			
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION <u>Mt. Zion Nursing Home Life</u>				d. STREET ADDRESS (If outside, give location) <u>918 Walnut</u> Reside on Farm Yes ☐ No ☒			
3. NAME OF DECEASED (Type or print) First Middle Last <u>Samuel D. Abernathy</u>				4. DATE OF DEATH Month Day Year <u>Aug. 31, 1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH <u>May 23, 1868</u>	
9. AGE (In years last birthday) <u>89</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and state or country) <u>Cape Girardeau, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>William Abernathy</u>			
14. MOTHER'S MAIDEN NAME <u>Emma Heise</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. <u>None</u>				17. INFORMANT Address <u>Ruddle Abernathy Cape Girardeau, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma, stomach</u> DUE TO (b) _____ DUE TO (c) <u>151X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Persistent anemia of chronic blood loss</u>							INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>
20a. ACCIDENT ☐		SUICIDE ☐		HOMICIDE ☐		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 ☐ NOT WHILE AT WORK ☐		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 <u>4-16-55</u> to <u>Aug 1957</u> and last saw her alive on <u>Aug 4, 1957</u> Death occurred at <u>10:00 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Go. R. Cochran M.D.</u>				22b. ADDRESS <u>Cape Girardeau, Mo.</u>		22c. DATE SIGNED <u>9-6-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept 2, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>McLain Chapel</u>		23d. LOCATION (City, town, or county) (State) <u>Indian Creek Missouri</u>	
24. FUNERAL DIRECTOR <u>Ford & Sons</u>		ADDRESS <u>Cape Girardeau, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-6-1957</u>		26. REGISTRAR'S SIGNATURE <u>Lo. G. Summers</u>	

Cichron

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.....

Licensed Embalmer No. 75

P. O. Address Cape

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.