

FILED OCT 31 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No.

104

Primary Registration District No.

4176

Registrar's No.

25

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, give TOWNSHIP only) OR MALDEN TOWN		c. CITY OR TOWN MALDEN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 206 E. PECK INSTITUTION		d. STREET ADDRESS (If outside, give location) 206 E. Peck	
3. NAME OF DECEASED (Type or print) First Dollie Middle E Last ABERNATHY		4. DATE OF DEATH Month OCT Day 25 Year 1957	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH JULY 11, 1887
9. AGE (In years, month, day) 68		10. IF UNDER 1 YEAR Months 28 Days 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	
11. BIRTHPLACE (City and state or country) CENTRALIA, ILL.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME A. P. SHERMAN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE NOAH M. ABERNATHY		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT NOAH M. ABERNATHY Address 206 E. PECK	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4201 DUE TO (c) 4201 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 10 min.
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 5:00 AM Month OCT Day 25 Year 1957 a.m. 5:00 p.m.		20d. INJURY OCCURRED WHILE AT ☐ 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 Kennett, Mo. COUNTY MO. STATE MISSOURI	
21. I attended the deceased from 5:00 AM OCT 25 to 5:00 AM OCT 25 and last saw her alive on 5:00 AM OCT 25 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Quinton Tarver, M.D. (Degree or title)		22b. ADDRESS Kennett, Mo.	
22c. DATE SIGNED Oct. 26, 57		22d. NAME OF CEMETERY OR CREMATORY PARK CEMETERY	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-27-57	
23c. LOCATION (City, town, or county) MALDEN		23d. STATE MISSOURI	
24. FUNERAL DIRECTOR DAY FUNERAL HOME ADDRESS MALDEN, MISSOURI		25. DATE RECD. BY LOCAL REG. 10-26-57	
26. REGISTRAR'S SIGNATURE J. H. Schuman			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED DUNKLIN COUNTY H

DEPARTMENT 10-29

COUNTY FILE NUMBER 105

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 J. I. Schuman

Licensed Embalmer No. 4086

P. O. Address Minden

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.