

FILED DEC 23 1957

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

43728

STATE FILE NUMBER

Registration District No. 53

Primary Registration District No. 5183

Registrar's No. 78

1. PLACE OF DEATH a. COUNTY Cape Girardeau, County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Byrd Township Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Jackson Rfd. #4 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Byrd Township		d. STREET ADDRESS (If outside, give location) Jackson Rfd. #4 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Augusta Irene Abernathy		4. DATE OF DEATH Month Day Year 12- 12- 57	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 1, 1924
9. AGE (In years last birthday) 33		10. IF UNDER 1 YEAR Months Days Hours Min. 10 11	11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Keeping house	
11. BIRTHPLACE (City and state or country) Grandtower, Ill.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Tom Hager		14. MOTHER'S MAIDEN NAME Grace Virge	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 499-30-2123	
17. INFORMANT Carl W. Abernathy		Address Jackson, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Air embolism of the heart Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) The Absorption of air into the uterine sinuses DUE TO (c) the uterine sinuses PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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 Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT <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 _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. St. Sigmund, Coroner		22b. ADDRESS Jackson Mo	
22c. DATE SIGNED 12/13/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-14-57	23c. NAME OF CEMETERY OR CREMATORY Russel Heights	23d. LOCATION (City, town, or county) (State) Jackson Mo.
24. FUNERAL DIRECTOR Deneke-Laird ADDRESS Jackson, Mo.		25. DATE RECD. BY LOCAL REG. 12-19-57	
		26. REGISTRAR'S SIGNATURE Milford Winchester Dep.	

(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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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JAN 15 1958

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.....
R. O. Laine

Licensed Embalmer No. 455

P. O. Address Jackson

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.