

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036210

STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Fulton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains				Inside Limits Yes ☐ No ☐		c. CITY OR TOWN Mammoth Spring	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STOLL HOSPITAL				Length of stay in lb 6 months		d. STREET ADDRESS 5030 P (If outside, give location) Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First Pearl Middle Maybelle Last Abernathy						4. DATE OF DEATH Month October Day 16 Year 1958	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐		8. DATE OF BIRTH March 13, 1893	
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Viola, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert Hine r				13b. MOTHER'S MAIDEN NAME Henrietta Casey		14. NAME OF HUSBAND OR WIFE Lewis C. Abernathy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Veda Huff, West Plains, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer Liver						INTERVAL BETWEEN ONSET AND DEATH 6 mos	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cancer Gall Bladder						10 mos	
DUE TO (c) 1551							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes						19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	
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 ☐ 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 West Plains, Missouri		STATE Arkansas	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Name or title) Mrs. Pearl Maybelle Abernathy				22b. ADDRESS West Plains, Missouri		22c. DATE SIGNED 10-20-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-19-1958		23c. NAME OF CEMETERY OR CREMATORY Davis Cemetery		23d. LOCATION (City, town, or country) (State) Fulton County, Arkansas	
24. FUNERAL DIRECTOR Island Curtis		ADDRESS Thorn M		25. DATE RECD. BY LOCAL REG. 10-28-58		26. REGISTRAR'S SIGNATURE Beatrice Cook	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

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 James Carter

Licensed Embalmer No. 4021

P. O. Address Shannon

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.