

STANDARD CERTIFICATE OF DEATH

58-043454

STATE FILE NUMBER

FILED DEC 18 1958 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 563

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Cape Girardeau</u> 01640	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>46 N. Henderson</u>		d. STREET ADDRESS (If outside, give location) <u>46 N. Henderson</u>	
3. NAME OF DECEASED (Type or print) First <u>Lennard</u> Middle <u>William</u> Last <u>Abernathy</u>		4. DATE OF DEATH Month <u>12</u> Day <u>3</u> Year <u>58</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 10, 1889</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Repair</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Repair</u>	9. AGE (In years last birthday) <u>60</u>
11. BIRTHPLACE (City and state or country) <u>Grand Tower, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Abernathy</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I &amp; 2</u>		16. SOCIAL SECURITY NO. <u>490-05-6609</u>	
17. INFORMANT <u>Mrs. Frieda Abernathy</u>		Address <u>46 N. Henderson</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>Acute Coronary Heart Disease</u> <u>(Anterior wall infarction)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Arterio-sclerosis</u> DUE TO (c) <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH
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 type="checkbox"/> NO <input checked="" 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 <u>3:45</u> a.m. <u>P.</u> Month, Day, Year		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 <u>Cape Gir. Mo.</u>	
21. I attended the deceased from <u>11-10-58</u> to <u>12-3-58</u> and last saw him alive on <u>11-29-58</u> Death occurred at <u>3:45 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>W. Henderson</u>	
22b. ADDRESS <u>714. Woodward</u>		22c. DATE SIGNED <u>12-5-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-6-58</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>Memorial Park Cemetery</u>	23d. LOCATION (City, town or county) (State) <u>Cape Girardeau Mo.</u>
24. FUNERAL DIRECTOR <u>Ford &amp; Sons</u>	ADDRESS <u>Cape Girardeau, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 10, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mr. Homer Cooper</u>

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

DEC 18 1958

JAN 9 1959

MAR 26 1959

### 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 W. J. Ford .....

Licensed Embalmer No. 5057 .....

P. O. Address Cape Girardeau .....

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.