

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008050

STATE FILE NUMBER

FILED FEB 16 1959 Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall township		c. CITY OR TOWN Marshall township	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Napton Mo. R.No. 2		d. STREET ADDRESS (If outside, give location) Napton Mo. R.No. 2	
3. NAME OF DECEASED (Type or print) Elizabeth Rachel Hawkins Abney		4. DATE OF DEATH Month January Day 31 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Nov. 30th 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		11. BIRTHPLACE (City and state or country) Monroe County, Mo.	
13a. FATHER'S NAME William A. Hawkins		14. NAME OF HUSBAND OR WIFE H. H. Abney	
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. 490-07-2170	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary carcinoma (metastatic) DUE TO (b) Adenocarcinoma cervix DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1713		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.	
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 _____ Month _____ Day _____ Year _____ a.m. _____ 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 Marshall, Mo.	
21. I attended the deceased from Death occurred at II-30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.		22. ADDRESS Marshall, Mo.	
22a. SIGNATURE William A. Hawkins		22c. DATE SIGNED Feb. 9, 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-3-1959	
23c. NAME OF CEMETERY OR CREMATORY Memorial cemetery		23d. LOCATION (City, town, or county) Saline County, Missouri	
24. FUNERAL DIRECTOR Campbell-Lewis, Marshall, Mo.		25. DATE RECD. BY LOCAL REG. 2-9-59	
26. REGISTRAR'S SIGNATURE Carl G. Read			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 H. Lewis Jr.

Licensed Embalmer No. 4709

P. O. Address Marshall

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.