

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 24 1959

59-028691

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 873 STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Greene</u> b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Springfield</u> Length of stay in lb c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> c. CITY OR TOWN <u>Springfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>1427 E. Whiteside</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
<b>3. NAME OF DECEASED</b> (Type or print) First <u>ALFRED</u> Middle <u>NOEL</u> Last <u>ABERNATHY</u>				<b>4. DATE OF DEATH</b> Month <u>August</u> Day <u>18</u> Year <u>1959</u>											
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>28 March 1913</u>		<b>9. AGE (last birthday)</b> <u>46</u>		<b>IF UNDER 1 YEAR</b> Months <u>  </u> Days <u>  </u>		<b>IF UNDER 24 HR</b> Hours <u>  </u> Min. <u>  </u>			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Business Representative</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Painter's Union</u>				<b>11. BIRTHPLACE</b> (City and state or country) <u>Arkansas</u>				<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>			
<b>13a. FATHER'S NAME</b> <u>A. F. Abernathy</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Ethel Turner</u>				<b>14. NAME OF HUSBAND OR WIFE</b> <u>June Marie Abernathy</u>							
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>				<b>16. SOCIAL SECURITY NO.</b> <u>unknown</u>				<b>17. INFORMANT</b> <u>June Marie Abernathy</u> Address <u>Springfield, Mo.</u>							
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Atherosclerotic Heart Disease</u> DUE TO (c) <u>  </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>  </u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown															
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/>		<b>SUICIDE</b> <input type="checkbox"/>		<b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)							
<b>20c. TIME OF INJURY</b> Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u> Month, Day, Year <u>  </u>		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>													
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>  </u>				<b>20f. CITY, TOWN, OR LOCATION</b> <u>  </u>				<b>COUNTY</b> <u>  </u>		<b>STATE</b> <u>  </u>					
<b>21. I attended the deceased from</b> <u>June 26, 1959</u> <b>to</b> <u>8/18/59</u> <b>and last saw him alive on</b> <u>July 6, 1959</u> <b>Death occurred at</b> <u>7:15</u> <b>P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.															
<b>22a. SIGNATURE</b> (Degree or title) <u>Carl R. Reemer MD</u>						<b>22b. ADDRESS</b> <u>609 Cherry Springfield, Missouri</u>				<b>22c. DATE SIGNED</b> <u>Aug 20, 1959</u>					
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>8/21/59</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Greenlawn</u>				<b>23d. LOCATION (City, town, or county)</b> <u>Springfield, Mo.</u>							
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>KLINGNER MORTUARY, INC. Springfield, Mo.</u>						<b>25. DATE RECD. BY LOCAL REG.</b> <u>8-20-59</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Effie E. Meeton</u>							

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Glen R Williams

Licensed Embalmer No. 4651

P. O. Address Springfield

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.

AUG 27 1959