

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033125

FILED VS OCT 5 1959

Registration District No. 231 Primary Registration District No. 4348 Registrar's No. 48 STATE FILE NUMBER 59

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wellsville		c. CITY OR TOWN Wellsville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 207 W. Bates		d. STREET ADDRESS (If outside, give location) 207 W. Bates	
length of stay in 1b		Inside Limits Yes ☒ No ☐	
Inside Limits Yes ☐ No ☒		Reside on Farm Yes ☐ No ☒	

3. NAME OF DECEASED (Type or print) WILLIAM TURNER ABERNATHY			4. DATE OF DEATH Sept. 23, 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 4/30/1878	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months 5 Days 22 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY General farming		11. BIRTHPLACE (City and state or country) Dukedon, Tenn.	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME Ephram Abernathy		13b. MOTHER'S MAIDEN NAME Luvina Ridgway		14. NAME OF HUSBAND OR WIFE Nora Frilds Abernathy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 492-05-1538		17. INFORMANT Mrs. Nora Frilds Abernathy	
				Address Wellsville, 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) Carcinoma of liver		INTERVAL BETWEEN ONSET AND DEATH 6 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
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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 WORK ☐ 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	COUNTY STATE

21. I attended the deceased from **9/15** to **9/23, 1959** and last saw him alive on **9/23/1959**
Death occurred at **Wellsville, Mo** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree, or title) Willis H. Walker M.D.		22b. ADDRESS Wellsville Mo.		22c. DATE SIGNED 9/25/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 25, 1959	23c. NAME OF CEMETERY OR CREMATORY Wellsville City	23d. LOCATION (City, town, or county) Wellsville, Missouri	
24. FUNERAL DIRECTOR W B Walker		25. DATE RECD. BY LOCAL REG. Sept 27, 1959		26. REGISTRAR'S SIGNATURE Laura B. Callaway

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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

Howard J. Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, Mo

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.