URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 4 1959

59-041023
STATE FILE NUMBER

Registration District No. 217 Primary Registration District No. 5787 Registrar's No. 79

IENDED

1. PLACE OF DEATH
a. COUNTY Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 4 Miles S. Charleston, Mo. Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Highway # 55 Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mississippi
c. CITY OR TOWN East Prairie, Mo. Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 307 Roberts St. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Josephine Middle Hurley Last Abernathy
4. DATE OF DEATH Month November Day 23, Year 1959
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Feb. 18, 1933
9. AGE (last birthday) 26 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (City and state or country) Bertrand, Missouri
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Russell Hurley
13b. MOTHER'S MAIDEN NAME Ova Nelson
14. NAME OF HUSBAND OR WIFE Robert Abernathy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 490-32-1659
17. INFORMANT Robert Abernathy Address East Prairie Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Fractured Skull & Crushed chest
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

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.) Auto Accident, Mrs. Abernathy was thrown from her car
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 After death as Coroner and last saw her him alive on
Death occurred at Nov 23, 1959 5:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Elam McMikle Coroner
22b. ADDRESS Charleston, Missouri
22c. DATE SIGNED 11/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/25/59
23c. NAME OF CEMETERY OR CREMATORY Oak Grove
23d. LOCATION (City, town, or county) (State) Charleston, Mo.

24. FUNERAL DIRECTOR ADDRESS Mc Mikle, Charleston, Missouri
25. DATE RECD. BY LOCAL REG. 11-27-59
26. REGISTRAR'S SIGNATURE Dorothy B. Hathhorn

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Elgin McNibble

Licensed Embalmer No. 4695

P. O. Address Charleston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.