

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010049

FILED VS APR 4 1960

REG. NO. 118307

Primary Registration District No. 3007

Registrar's No. 181

STATE FILE NUMBER

DEED

REG. NO. 1711

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CAPE GIRARDEAU	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in lb 20 DAYS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		d. STREET ADDRESS (If outside, give location) 226 SOUTH PACIFIC STREET	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MIDDLE LAST JAMES ROBERT ABERNATHIE			4. DATE OF DEATH Month Day Year MARCH 17, 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/18/73	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE		11. BIRTHPLACE (City and state or country) COBDEN, ILLINOIS		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME GEORGE ABERNATHIE			13b. MOTHER'S MAIDEN NAME MARTHA LANDRETH		14. NAME OF HUSBAND OR WIFE FLORA ABERNATHIE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WWI			16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT CAPE GIRARDEAU, MO. FLORA ABERNATHIE, 226 S. PACIFIC ST.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA, LOBAR, RIGHT.			INTERVAL BETWEEN ONSET AND DEATH 4 DAYS.
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) 1. NEPHRITIS, CHRONIC. 2. HYPERTENSIVE HEART DISEASE, CHRONIC.			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		
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year p.m.					
20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE			

21. I attended the deceased from February 26, 1960, to March 17, 1960, and last saw her/him alive on _____
Death occurred at 2:15 A.M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. JESTER HARWELL, M.D., Actg. Pathologist	22b. ADDRESS VA Hospital, Poplar Bluff, Mo.	22c. DATE SIGNED 3/17/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-18-60	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	23d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.
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24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.	25. DATE RECD. BY LOCAL REG. 3/24/60	26. REGISTRAR'S SIGNATURE R. H. Hurdle
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Charles E. Mung

Licensed Embalmer No. 487

P. O. Address Poplar Bluff

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