

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-024011

FILED VS **JUL 12 1960**

273

Registration District No. **3051**

Primary Registration District No. **76**

REGISTRAR'S No. **76** STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Perry												
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perryville		Length of stay in 1b Life		c. CITY OR TOWN Perryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION P.C. Mem. Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 302 Grand Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First Lillian Middle Abernathy Last Abernathy				4. DATE OF DEATH Month May Day 30 Year 1960												
5. SEX Female	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 7-20-90	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Perry County, Mo.		12. CITIZEN OF WHAT COUNTRY USA									
13a. FATHER'S NAME Will Holydee			13b. MOTHER'S MAIDEN NAME Louisa Swan			14. NAME OF HUSBAND OR WIFE Talmage Abernathy										
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. None		17. INFORMANT T. Abernathy Perryville, Mo.				Address								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Insufficiency							INTERVAL BETWEEN ONSET AND DEATH 3 days									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Hyper tension, arterial-sclerotic					DUE TO (c) Coroio-vascular disease									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Large ventral Hernia & Herniorrhaphy							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown									
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 5/20/60 to 5/30/60 and last saw her alive on 5/30/60 Death occurred at 2:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.																
22a. SIGNATURE <i>[Signature]</i> (Degree or title)				22b. ADDRESS <i>[Address]</i>				22c. DATE SIGNED 6/6/60 (State)								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-2-1960	23c. NAME OF CEMETERY OR CREMATORY Home Cemetery			23d. LOCATION (City, town, or county) Perryville, Missouri										
24. FUNERAL DIRECTOR Young & Sons ADDRESS Perryville Mo			25. DATE RECD. BY LOCAL REG. 6-8-60			26. REGISTRAR'S SIGNATURE <i>[Signature]</i>										

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Penningville

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.