

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016621

STATE FILE NUMBER

AMENDED

Registration District No. 43 Primary Registration District No. 8007 Registrar's No. 75

FILED MAY 22 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WAYNE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>POPLAR BLUFF</u>		c. CITY OR TOWN <u>PIEDMONT</u>	
Length of stay in 1b <u>1 DAY</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>POPLAR BLUFF</u>		d. STREET ADDRESS (If outside, give location) <u>R.F.D 2</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM THOMAS ABSHEAR</u>			4. DATE OF DEATH Month Day Year <u>MAY 11 1961</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-15-1888</u>
9. AGE (last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED TRAINMAN</u>	
11. BIRTHPLACE (City and state or country) <u>PIEDMONT, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FRANK ABSHEAR</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA KINDER</u>	
14. NAME OF HUSBAND OR WIFE <u>EMMA E. ABSHEAR</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>	
16. INFORMANT <u>ESSIE ABSHEAR MONTGOMERY</u>		Address <u>PIEDMONT MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CRANIO CEREBRAL TRAUMA</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 HRS</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>AUTOMOBILE - LOCOMOTIVE COLLISION</u>	
20c. TIME OF INJURY Hour <u>12:55</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	Month, Day, Year <u>5-11-61</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>R.R. Crossing</u>	20f. CITY, TOWN, OR LOCATION <u>MO.</u>	COUNTY STATE
21. I attended the deceased from <u>5-11-61</u> to <u>5-11-61</u> and last saw her <u>live on</u> <u>5-11-61</u> Death occurred at <u>12:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. W. E. Riggis, M.D.</u>		22b. ADDRESS <u>Poplar Bluff, MO</u>	22c. DATE SIGNED <u>5-15-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5-14-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>PIEDMONT MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>GISH FUNERAL HOME</u> <u>PIEDMONT, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>5-17-1961</u>	26. REGISTRAR'S SIGNATURE <u>Helma Graham</u>

MAY 23 1967

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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin E. Bowler

Licensed Embalmer No. 4426

P. O. Address Piedmont,

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.