

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

=61-021867

STATE FILE NUMBER

FILED JUN 21 1961

Registration District No.

Primary Registration District No.

Registrar's No.

V. S. 300
Rev. 1-57

0611

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon		c. CITY OR TOWN Clarence	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Samaritan Hosp		Length of stay in lb 15 Days	d. STREET ADDRESS (If outside, give location) 1020
3. NAME OF DECEASED (Type or print) First Middle Last Catherine Abney		4. DATE OF DEATH Month Day Year June 11th 1961	
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 2/14/1874
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Day Hours Min. 3 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY House Wife	11. BIRTHPLACE (City and state or country) Quincy Ill /
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME David Glope	
13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Charles O Abney	
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. 4200	
17. INFORMANT Charles O Abney		Address Shelbina 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) Acute myocardial infarction Arterio sclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 4200 DUE TO (c) 4200 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 14 Days unknown
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 22 May 61 to 11 June 61 and last saw her alive on 11 June 61 Death occurred at 8:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carey J. Pinner M.D.		22b. ADDRESS Macon Mo	
22c. DATE SIGNED 6-13-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/14/1961	23c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery	23d. LOCATION (City, town, or county) (State) Clarence Mo
24. FUNERAL DIRECTOR Barkelaw & Davis		25. DATE RECD. BY LOCAL REG. 6-15-61	
26. REGISTRAR'S SIGNATURE Paul McNeely			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

The funeral director is responsible for the proper completion of the entire certificate. This includes securing the medical certification in the specific manner required by 193.140 MoRS 1949. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed¹ by me,
by me, or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Henry A. Barkley

Licensed Embalmer No.

3835

P. O. Address

Shelburne,

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