

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019788

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 76

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 4 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Perry	b. CITY (If outside corporate limits, give TOWNSHIP only) Perryville	a. STATE Mo.	b. COUNTY Perry
c. FULL NAME OF (If NOT in hospital, give location) Perry County Memorial Hospital		d. STREET ADDRESS R. 1.	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First Bessie	Middle Belle	Last Abernathy	Month May	Day 22	Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 14, 1893	9. AGE (last birthday) 68	IF UNDER 1 YEAR	IF UNDER 24 HR
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.-U.S.A.		12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME John Penny	13b. MOTHER'S MAIDEN NAME Malissa Sandlin	14. NAME OF HUSBAND OR WIFE Ezra 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.
17. INFORMANT Mrs. Elmo Weibrecht, Perryville, 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)	Potassium Intoxication		3 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)		2 yrs
	DUE TO (c)	3 yrs	
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 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"/> 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 _____ a.m. _____ p.m. Month, Day, Year _____			

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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>3/16/62</u> to <u>5/22/62</u> and last saw her alive on <u>5/22/62</u> Death occurred at <u>11:45 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) A. E. McDermott, MD.	22b. ADDRESS Perryville, Mo.	22c. DATE SIGNED 5/24/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 25, 1962	23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery, Crosstown, Mo.

24. FUNERAL DIRECTOR ADDRESS Albert Bey, Perryville, Mo.	25. DATE RECD. BY LOCAL REG. 5-24-62	26. REGISTRAR'S SIGNATURE Joe J. Zollner
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(Licensed Embalmer's Statement on Reverse Side)

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

