

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041860

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

518

FILED NOV 27 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Cape Girardeau

Length of stay in 1b

2Da.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

South East Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cape Girardeau

c. CITY
OR TOWN

JACKSON

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

502 N. HIGH ST

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Lizzie Lee Abernathy

Lizzie

Lee

Abernathy

5. SEX

F.

6. COLOR OR RACE

W.

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-22-1880

9. AGE (last birthday)

82

IF UNDER 1 YEAR

Months

Days

7

23

Hours

Min.

12

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma Colon

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Generalized Arteriosclerosis

DUE TO (c)

Arteriosclerotic Heart Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition of (a) or (b) or (c)

Uremia

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐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 Nov 11, 1962 to Nov 14, 1962 and last saw her him alive on Nov 14, 1962
Death occurred at 2 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J.E. Hecker, M.D.

22b. ADDRESS

Jackson, Mo

22c. DATE SIGNED

11/19/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

11-17-62

23c. NAME OF CEMETERY OR CREMATORY

Russell Heights

23d. LOCATION (City, town, or county)

Jackson Mo.

24. FUNERAL DIRECTOR

ADDRESS

Deneke-Laird Jackson Mo.

25. DATE RECD. BY LOCAL REG.

11-24-62

26. REGISTRAR'S SIGNATURE

Deneke Laird

(Licensed Embalmer's Statement on Reverse Side)

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

R.O. Raine

Licensed Embalmer No.

4538

P. O. Address

Jackson, Mo.

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.