

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010024

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 58

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED FEB 28 1963

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MISSISSIPPI	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR SIKESTON		Length of stay in 1b 5 days	c. CITY OR TOWN EAST PRAIRIE Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. DELTA COMMUNITY		Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) Gen. Del. Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) FRANK		First Middle Last ABNER	4. DATE OF DEATH 2-24-63 Month Day Year
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 6-1-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (last birthday) 82 IF UNDER 1 YEAR Months 6 Days 23 IF UNDER 24 HR Hours Min.
11a. FATHER'S NAME R. N. Abner		11b. MOTHER'S MAIDEN NAME Unknown	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		12b. SOCIAL SECURITY NO. Unknown	
13. NAME OF HUSBAND OR WIFE Carrie Abner		14. NAME OF HUSBAND OR WIFE Carrie Abner	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pneumonia		16. ADDRESS Carrie Abner, East Prairie, Mo.	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		18. INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
19. 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 Month, Day, Year a.m. 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 2-19-63 to 2-24-63 and last saw him alive on 2-24-63 Death occurred at 9:05 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) R. M. Sarno, M.D.	
22b. ADDRESS St. Louis, Mo.		22c. DATE SIGNED 2-25-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-25-1963	
23c. NAME OF CEMETERY OR CREMATORY Dogwood Cemetery		23d. LOCATION (City, town, or county) (State) Mississippi Co., Missouri	
24. FUNERAL DIRECTOR Travis Shelby, East Prairie, Mo.		25. DATE RECD. BY LOCAL REG. Feb 27 1963	
26. REGISTRAR'S SIGNATURE Jeanette Waldman			

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 1 1963

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

David Shelby Jr.

Licensed Embalmer No. 4940

P. O. Address

East Prairie, 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.

Unit record Feb 24 - 1963