

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-019310

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 256
FILED MAY 20 1963

STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, give TOWNSHIP only) Fruitland Mo.		c. CITY OR TOWN Fruitland	
Length of stay in lb 87 Yrs.		Inside Limits ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) In Home In Fruitland		d. STREET ADDRESS (If outside, give location) None	
Yes ☐ No ☐		Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) Nettie Lou Abernathy		4. DATE OF DEATH Month May Day 18 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 11/15/1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY House Work	
13a. FATHER'S NAME Joseph Abernathy		13b. MOTHER'S MAIDEN NAME Francis Roben	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Anna Tuschhoff		Address Fruitland 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) Cardiac Arrest		INTERVAL BETWEEN ONSET AND DEATH seconds	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Irreversible Shock	
		DUE TO (c) Massive Myocardial Infarction	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Semilethal Epidermoid Carcinoma		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
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 a.m. Month, Day, Year	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 May 17/63 to May 18/63 and last saw her him alive on May 18/63 . Death occurred at 1:20 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Walter E. Sutton D.O.		22b. ADDRESS Jackson Mo.	
22c. DATE SIGNED 5/18/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/19/1963	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill	
23d. LOCATION (City, town, or county) 1 mi. E. Fruitland Mo.		(State)	
24. FUNERAL DIRECTOR McCombs	ADDRESS Jackson Mo.	25. DATE RECD. BY LOCAL REG. 5-18-1963	26. REGISTRAR'S SIGNATURE James Kasten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

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 Bruce H. Hachins

Licensed Embalmer No. 5097

P. O. Address Jackson, NC

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.