

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

68-023505

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

328

STATE FILE NUMBER

FILED JUL 15 1963

1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)

Cape Girardeau

Length of stay in 1b

1 week

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

HOSPITAL OR
INSTITUTION

South East Mo. Hospital

Inside Limits
Yes ☒ No ☐

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

a. STATE

Illinois

b. COUNTY

Alexander

admission)

c. CITY
OR
TOWN

Cairo

Inside Limits
Yes ☐ No ☒

d. STREET
ADDRESS

R F D 1 Box 320

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Margret

Helen

Abney

4. DATE OF DEATH

Month

Day

Year

July

9

1963

5. SEX

female

6. COLOR OR RACE

white

7. Married

Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-11-901

9. AGE (last birthday)

62

10. IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10b. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (City and state or country)

Pulaski, Illinois

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Henry A. Nelms

13b. MOTHER'S MAIDEN NAME

Christena Hurst

14. NAME OF HUSBAND OR WIFE

Harry Abney

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

no

none

16. SOCIAL SECURITY NO.

361-05-1475

17. INFORMANT

Harry Abney

18. ADDRESS

Cairo, Ill. Rfd

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 failure

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

DUE TO (b)

Blood pressure instability

DUE TO (c)

Renal failure

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic leukemia

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

5-6-63

7-9-62

and last saw her him alive on 7-8-63

Death occurred at

4:40 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. J. Maguire M.D.

22b. ADDRESS

937 Broadway -

22c. DATE SIGNED

7-10-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

7-11-63

23c. NAME OF CEMETERY OR CREMATORY

U.S. National

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

Mound City, Illinois

(State)

24. FUNERAL DIRECTOR

ADDRESS

James Ryan Mound City Ill

25. DATE RECD. BY LOCAL REG.

7-10-63

26. REGISTRAR'S SIGNATURE

James Kasten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10168

28120

3

4 /

5 /

6

7 /

8 2

9593XH

10

11

123-0

13 1-0

67-1110-8143

FILED JUL 12-1963

AUG 1 1963
AUG 8 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

James T. Ryan

Licensed Embalmer No.

5931-Lee

P. O. Address

Mounds, Lee

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.