

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030948

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 189

FILED AUG 2 1963

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON		Length of stay in 1b 3 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. DELTA COMMUNITY HOSP.		d. STREET ADDRESS (If outside, give location) 414 KENDALL	
Inside Limits Yes ☒ No ☐		Reside on Farm Yes ☐ No ☒	

3. NAME OF DECEASED (Type or print) First Middle Last BERNICE IRA ABLES			4. DATE OF DEATH Month Day Year 7-23-63		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married ☐ Widowed ☒ Never Married ☐ Divorced ☐	8. DATE OF BIRTH 12-17-1888	9. AGE (last birthday) 74	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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Berkley, Kentucky
13a. FATHER'S NAME James Thomas Holder			13b. MOTHER'S MAIDEN NAME Sarah M. Patterson		14. NAME OF HUSBAND OR WIFE Eli Ables (d)

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. None		17. INFORMANT Mrs. Georgia Stermon, Arlington, Ky.	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thrombosis of Cerebral artery. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 2 days.
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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. ☐ Yes ☐ No ☐ Unknown	
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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.)	
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20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
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20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. CITY, TOWN, OR LOCATION SIKESTON	COUNTY SCOTT	STATE MISSOURI
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21. I attended the deceased from 7/20/63 to 7-23-63 and last saw her alive on 7-23-63	
Death occurred at 2:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE Wm. C. Cutchlow MD	22b. ADDRESS Sikeston, Mo	22c. DATE SIGNED 8-25-1963
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-25-1963	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) Sikeston, Missouri
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FUNERAL DIRECTOR Nunnelee Funeral Chapel, Sikeston, Mo.	24. DATE RECD. BY LOCAL REG. July 30, 1963	25. REGISTRAR'S SIGNATURE Janette Waldman
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
1 1007
2 1007
3 2
4 1
5 2
6
7 1
8 2
9 332X
10
11
12 1-0
13 20

AUG 18 1963

AUG 22 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 Edward E. Rasmussen

Licensed Embalmer No. 4164

P. O. Address Sikeston, 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.

Permit received July 23-1963