

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031553

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 9 1963

53

3010

401

VS 300  
Rev. 4/59

0168

21000

3

4 1

5 1

6

7 0

8 2

9 334X

10

11

12 2-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

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

12 hrs

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

ST FRANCIS HOSP

Inside Limits  
Yes ☒ No ☐

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

a. STATE

Missouri

b. COUNTY

SCOTT

c. CITY OR TOWN

RURAL COMMERCE TWP

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS

341 W. COMMERCE

Reside on Farm  
Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

SUSIE

EMMA

ABERNATHY

4. DATE OF DEATH

Month

Day

Year

Sept 3, 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Oct 12, 1881

## 9. AGE (last birthday)

81

## 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

## 11. BIRTHPLACE (City and state or country)

Commerce, Mo

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Andrew Miller

## 13b. MOTHER'S MAIDEN NAME

Mary Spradlin

## 14. NAME OF HUSBAND OR WIFE

Clarence Abernathy

## 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.

Don't Know

## 17. INFORMANT

Harry Wilkerson Commerce, 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)

CEREBRAL APOPLEXY

## INTERVAL BETWEEN ONSET AND DEATH

14 hrs.

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

#### DUE TO (b)

HYPERTENSIS

Unknown.

#### DUE TO (c)

### 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

## 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

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.)

(4:40 A.M.)

## 20f. CITY, TOWN, OR LOCATION

(4:40 P.M.)

## COUNTY

## STATE

21. I attended the deceased from SEPT. 3rd 1963 to SEPT. 3rd 1963 and last saw her alive on 9-3-63

Death occurred at 4:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22. SIGNATURE

(Dr. or title)

William J. Osler, MD

## 22b. ADDRESS

CAPE GIRARDEAU, MISSOURI

## 22c. DATE SIGNED

9-5-63

## 23a. BURIAL, CREMATION, REMOVAL (specify)

Burial

## 23b. DATE

9/5/63

## 23c. NAME OF CEMETERY OR CREMATORY

OAKDALE CEM.

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

Commerce, Missouri

(State)

## 24. FUNERAL DIRECTOR

BISPLINGHOPE FUNERAL HOME MO

## ADDRESS

222 MO

## 25. DATE RECD. BY LOCAL REG.

9-6-63

## 26. REGISTRAR'S SIGNATURE

James Kauter

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 \_\_\_\_\_

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.