

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046839

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 6258 Primary Registration District No. 370 Registrar's No. 125 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS 300
Rev. 4/59

1 1110

2 8090

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11 111

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13 20

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

FILED NOV 19 1963

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>FLORIDA</u> b. COUNTY	
b. CITY (If outside corporate limits, give <u>TOWNSHIP</u> only) OR TOWN <u>ST FRANCOIS</u>		c. CITY OR TOWN <u>ORLANDO</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>GEN. DEL.</u>		d. STREET ADDRESS (If outside, give location) <u>GEN. DEL.</u>	

3. NAME OF DECEASED (Type or print) First <u>L</u> Middle <u>NEWLIN</u> Last <u>ABERNATHY</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>12</u> Year <u>1963</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>2-2-1917</u>	9. AGE (last birthday) <u>46</u>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>492-10-0195</u>	11. BIRTHPLACE (City and state or country) <u>MILL SPRING MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES M. ABERNATHY</u>	13b. MOTHER'S MAIDEN NAME <u>LOTTIE M. NEWLIN</u>	14. NAME OF HUSBAND OR WIFE <u>PACOLA MEADOR</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>CAROLYN BLOUNT</u> Address <u>72703 PARKWOOD PIEDMONT MO</u>
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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) <u>Crushed Skull</u>		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) <u>Car accident - single car turned over into ditch on Hwy 67 South of Greenville</u>
20c. TIME OF INJURY Hour <u>11:15</u> (a.m. or p.m.) Month, Day, Year <u>11-12-1963</u>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy 67 South</u>	20f. CITY, TOWN, OR LOCATION <u>Near Greenville Wayne MO.</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>11:45</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>Margaret E. Bowles Coroner</u>	22b. ADDRESS <u>Piedmont, MO</u>	22c. DATE SIGNED <u>11-15-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11-14-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEM</u>	23d. LOCATION (City, town, or county) (State) <u>PIEDMONT MO.</u>
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24. FUNERAL DIRECTOR <u>GISH</u>	ADDRESS <u>PIEDMONT, MO</u>	25. DATE RECD. BY LOCAL REG. <u>NOV. 16-1963</u>	26. REGISTRAR'S SIGNATURE <u>William W. Ward</u>
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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 me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Maver E. Bowler

Licensed Embalmer No. 4426
P. O. Address Piedmont, 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.