

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

765-65-033034
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **765-65-033034**

FILED AUG 19 1965

VS 300
Rev. 4/59

1

2 **4000**

3

4 **0**

5 **3**

6

7 **0**

8 **1**

9

10

11

12 **69-0**

13

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE Missouri COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 25 days		c. CITY OR TOWN Afton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis - Little Rock Hospitals, Inc.			d. STREET ADDRESS (If outside, give location) 11009 Hillhurst Str.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Earl Middle Cyrus Last Abernathy			4. DATE OF DEATH Month August Day 6 Year 1965		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 10-2-1903	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheetmetal Worker Helper		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) CAPE GIRARDEAU, MO	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME UNK			
13b. MOTHER'S MAIDEN NAME UNK		14. NAME OF HUSBAND OR WIFE None			
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. [REDACTED]		17. INFORMANT Address Lloyd ABERNATHY, 11009 Hillhurst St. AFTON, MO 64601	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) THROMBOSIS LEFT INT. CAROTID ART DUE TO (b) PERINEPHRITIC ABSCESS LEFT DUE TO (c) 6001 INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS					
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m.		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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from July 13, 1965 to August 6, 1965 and last saw him alive on August 6, 1965 Death occurred at 2:40 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE L. D. Harrison M.D. (Degree or title)			22b. ADDRESS 1755 South Grand Blvd.		22c. DATE SIGNED 8-9-65
23a. BURIAL CREMATION, REMOVAL (Specify) Removal	23b. DATE 08-09-1965	23c. NAME OF CEMETERY OR CREMATORY Hobbs Chapel Cemetery	23d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo		
24. FUNERAL DIRECTOR Ford & Son Mortuary - Cape Girardeau, Mo.		25. DATE RECD. BY LOCAL REG. AUG 9 1965	26. REGISTRAR'S SIGNATURE Paul Smith, M.D.		

USE BLACK INK OR TYPEWRITER RIBBON

AUG 20 1965

1965

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 ~~5168~~ *James L. Pearson*

Licensed Embalmer No. 5168

P. O. Address Middleboro, Mass

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.