

FILED AUG 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29225

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 614 Registrar's No. 131

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, write RURAL and give township) OR TOWN MORLEY TWP. 6114		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MORLEY 1000	
c. LENGTH OF STAY (in this place) 4MON.		d. STREET ADDRESS (If rural, give location) MORLEY R. 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION MORLEY 102			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) FLORENCE	b. (Middle) NELLIE	c. (Last) ABERNATHY	(Month) AUG	(Day) 7	(Year) 1951
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 22 1884	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days
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 (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME RICHARD BRYANT	13b. MOTHER'S MAIDEN NAME BETTY TUBBS	14. NAME OF HUSBAND OR WIFE CLARENCE ABERNATHY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME CLARENCE ABERNATHY	ADDRESS MORLEY, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Endocarditis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Vasculer Hypertension		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, to 8/7, 1951, that I last saw the deceased alive on 7/9, 1951, and that death occurred at 10:00A.M., from the causes and on the date stated above.

23a. SIGNATURE J. A. Cline, M.D.	(Degree or title)	23b. ADDRESS Oran, Mo	23c. DATE SIGNED 8/9/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG. 9 1951	24c. NAME OF CEMETERY OR CREMATORY OLD MORLEY CEM.	24d. LOCATION (City, town, or county) (State) MORLEY MO.
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DATE REC'D BY LOCAL REG. Aug/13/51	REGISTRAR'S SIGNATURE Mrs. Cella Hunter	25. EMBALMER'S SIGNATURE Earl Smith	ADDRESS ORAN, MO.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1000

RECEIVED AUG 20 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 851-181

AUG 29 1951

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
Student Embalmer

Signed Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address Orr, 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 this body is not embalmed, fact should be so stated above.