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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19746

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5186 Registrar's No. 174

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Randle Twp.
c. LENGTH OF STAY (in this place): 80 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oriole

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Randle Twp.
d. STREET ADDRESS (If rural, give location): Oriole

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) F. c. (Last) Abernathy

4. DATE OF DEATH (Month) (Day) (Year): June 16, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: March 24, 1872

9. AGE (In years last birthday): 80 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Factory (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: making shoes

11. BIRTHPLACE (State or foreign country): Neelys Landing, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: William Abernathy

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mr. Omer Abernathy Oriole, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heart Disease, extensive heat wave & advanced age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Kidney Disease

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

4-3-4-5

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Natural Causes

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Family Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Oriole, Randol, Cape Girardeau Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6-16-1952 6:22 A m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: No Injury.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 6:22 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. C. Summers, Registrar

23b. ADDRESS: Cape Girardeau

23c. DATE SIGNED: 6-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 17, 1952

24c. NAME OF CEMETERY OR CREMATORY: McLains Chapel Cemt.

24d. LOCATION (City, town, or county) (State): Indian Creek, Mo.

DATE REC'D BY LOCAL REG.: 6-16-52

REGISTRAR'S SIGNATURE: C. C. Summers

25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Howard L. Herman Cape Gir. Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. .....

P. O. Address.....

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.