

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-026363

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 332 Primary Registration District No. 6113 Registrar's No. 152

FILED JUL 2 1965

VS 300 Rev. 4/59	DATE AMENDED								
1 <u>1000</u>	2								
2 <u>1000</u>									
3									
4 <u>0</u>									
5 <u>2</u>									
6									
7 <u>0</u>									
8 <u>0</u>									
9 <u>9190</u>									
10 <u>19</u>									
11 <u>100</u>									
12 <u>91-0</u>									
13 <u>2-0</u>									

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Commerce Twp.</u>		Length of stay in lb <u>6 hours</u>		c. CITY OR TOWN <u>Oran</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 mi. W.E. of Benton, Mo.</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>None</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Clarence Pearl Abernathy</u>				4. DATE OF DEATH Month Day Year <u>June 22 1965</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 checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>June 21, 1882</u>	
9. AGE (last birthday) <u>83</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Main-Man (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Scott County H'Way Dept.</u>		11. BIRTHPLACE (City and state or country) <u>Benton, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Abernathy</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Riggins</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Wilkinson Abernathy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				17. INFORMANT Address <u>Mrs. MCGoy Smith Oran, Missouri</u>			
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>Accidental Gunshot wound to Head</u> <u>(By finding of coroner's jury)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>0</u>	
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 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>Was apparently cleaning 22 Rifle</u>			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home.</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>4 mi. east of Benton - Scott Mo</u>	
21. I attended the deceased from <u>First call after death</u> and last saw ^{her} him alive on _____ Death occurred at <u>about 3 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Shelma C. Beechthorpe, M.D. Health Officer</u>				22b. ADDRESS <u>612 Taylor Ave. Sixeston, Mo</u>		22c. DATE SIGNED <u>6-26-65.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 25, 1965</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Old Morley Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Morley Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Earl J. Smith Funeral Home Oran, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>June 28 1965</u>		26. REGISTRAR'S SIGNATURE <u>Jeanette Waldman</u>	

JUL 15 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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.

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Permit - C - 22 - 65