

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17484

State File No. \_\_\_\_\_

FILED MAY 19 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945 Registrar's No. 2619

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

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. James, Rural (no)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>5 day</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ferndale Nursing Home</u>			
3. NAME OF DECEASED a. (First) <u>Abner</u> b. (Middle) <u>Foley</u> c. (Last) <u>Priest</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 11-1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 15, 1880</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Midnight</u>	11. BIRTHPLACE (State or foreign country) <u>Palmyra, Mo</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Abner Priest</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Tedwell</u>	14. NAME OF HUSBAND OR WIFE <u>Don't know</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jane Collier - St. Louis, Mo.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis and</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>myocardial degeneration</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	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 <u>May 11, 1952</u> , to <u>May 11, 1952</u> , that I last saw the deceased alive on <u>May 11, 1952</u> , and that death occurred at <u>6:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. Hammler, M.D.</u> (Degree or title)		23b. ADDRESS <u>St. James, Mo.</u>	23c. DATE SIGNED <u>5.13.52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/14/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kennett Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>
DATE REC'D BY LOCAL REG. <u>5/16/52</u>	REGISTRAR'S SIGNATURE <u>Mrs. Wayne Roberts</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Oral E. Lichliew - St. James Mo.</u>	

**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 .....  
Student Embalmer

Signed

*Paul E. Tiekliely*

Licensed Embalmer No. *3546*

P. O. Address *St James 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.