

No. 300
10.48

FILED AUG 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25231

State File No.

BIRTH NO. _____ REG. DIST. NO. 265 PRIMARY REG. DIST. NO. 6292 Registrar's No. 5

1. PLACE OF DEATH
 a. COUNTY 1770, Ozark Co
 b. CITY OR TOWN near Hammond mo
 c. LENGTH OF STAY (in this place) 7 days
 d. FULL NAME OF HOSPITAL OR INSTITUTION Thornton Old Twp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE mo
 b. COUNTY 1770
 c. CITY OR TOWN Thornfield mo
 d. STREET ADDRESS (if rural, give location) _____

3. NAME OF DECEASED
 (Type or Print) a. (First) PAIRSETTY, FLORIDA b. (Middle) ABSHER c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year)
7 14 52

5. SEX Female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Jan 13 - 1870

9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months 6 Days 1 IF UNDER 6 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Scott Co missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Sam Green

13b. MOTHER'S MAIDEN NAME Mary Butler

14. NAME OF HUSBAND OR WIFE John Absher

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 Dr. John Absher ADDRESS Thornfield 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombemia
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Arterial Hypertension
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 MO

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? 444X
 YES NO

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) (Minute) _____

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

21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from June 1, 1952 to July 14, 1952 that I last saw the deceased alive on July 11, 1952 and that death occurred at 4:30 P. M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. J. Hoerneman MD

23b. ADDRESS Lawrenceville mo

23c. DATE SIGNED 7-21-52

24a. BURIAL (CREMATION, REMOVAL) (Specify) 0

24b. DATE 7/16/52

24c. NAME OF CEMETERY OR CREMATORY Thornfield

24d. LOCATION (City, town, or county) (State) Thornfield mo

DATE REC'D BY LOCAL REG. 7-29-52

REGISTRAR'S SIGNATURE Moe Johnson

25. FUNERAL DIRECTOR'S SIGNATURE Funeral Home ADDRESS Lawrenceville mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Chester A. Roof*

Licensed Embalmer No. *7 3044*

P. O. Address: *Gainesville 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.