

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26967

State File No. _____

FILED AUG 6 1952
BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 4538 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Wayne</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>		
b. CITY OR TOWN <u>Piedmont</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>	c. CITY OR TOWN <u>Piedmont</u>		1110
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Piedmont, Mo.</u>			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (First) <u>Phillip</u> (Middle) <u>Abraham</u> (Last) <u>Abernathy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-14-52</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>5-10-1866</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>W. F. Abernathy</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Liza Jane 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>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mildred Nichols, Poplar Bluff</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c)		

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)	4781
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 7-14-1952 to 7-14-1952, that I last saw the deceased alive on 7-14-1952 and that death occurred at 1:43 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. G. Bond</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Piedmont, Mo.</u>	23c. DATE SIGNED <u>July 20, 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 18, 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>
DATE REC'D BY LOCAL REG. <u>July 20, 1952</u>	REGISTRAR'S SIGNATURE <u>Hazel Ward</u>	24d. LOCATION (City, town, or county) (State) <u>Piedmont, Mo</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>William Coady</u>	ADDRESS <u>Piedmont, Mo</u>	

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

1110

RECEIVED

AUG 4 1952

WAYNE CO. HEALTH CENTER

FILE No. 852-48

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.....

Coder Funeral Home

Student Embalmer No.

working under my personal supervision.

Student ~~3923~~.....
Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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.