

FILED JUL 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17844

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 379

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>DUNKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>POPLAR BLUFF</u>	c. LENGTH OF STAY (In this place) <u>2 DA.</u>	c. CITY OR TOWN <u>CAMPBELL</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>POPLAR BLUFF Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>0351</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>EARNEST</u> c. (Last) <u>ABSHEER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 21 1955</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>MARCH 7-1899</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>14</u>	IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MILLER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MILLING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>NEAR PATTERSON, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES ABSHEER</u>	13b. MOTHER'S MAIDEN NAME <u>ORPH CLARK</u>	14. NAME OF HUSBAND OR WIFE <u>DARTNY MOSIER</u>
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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. <u>497-07-0806</u>	17. INFORMANT'S SIGNATURE OR NAME <u>BRUCE ABSHEER</u>	ADDRESS <u>ST. LOUIS, MO</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Deconpression</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	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) <u>Hypertensive Heart Disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>443X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1 May, 1955, to 21 May, 1955, that I last saw the deceased alive on 21 May, 1955, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>W. H. Harrison M.D.</u>	23b. ADDRESS <u>321 Clark - Poplar Bluff, Mo</u>	23c. DATE SIGNED <u>25 June 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>MAY 26, 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ROCKWELL</u>	24d. LOCATION (City, town, or county) (State) <u>NEAR PATTERSON MO</u>
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DATE REC'D BY LOCAL REG. <u>6/27/55</u>	REGISTRAR'S SIGNATURE <u>W. H. Harrison</u>	484-11	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Harrison</u>	ADDRESS <u>Redmont, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

6/30/55

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 44

P. O. Address Bedford

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.