

FILED MAY 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

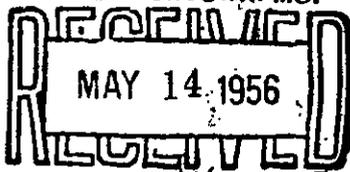
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State File No.

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>206</u>		PRIMARY REG. DIST. NO. <u>5744</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Madison</u>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural--Castor Twnsp.</u>)		c. LENGTH OF STAY (in this place) <u>91 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1, Fredericktown, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>Route 1 Fredericktown, Mo.</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Mary</u>	b. (Middle) <u>Olevia</u>	c. (Last) <u>Abernathy</u>	Month <u>April</u>	Day <u>16</u>	Year <u>1956</u>	Female	12
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 4, 1864</u>		9. AGE (In years, or UNDER 1 YEAR, last birthday) Months <u>91</u> Days <u>8</u> Hours <u>12</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Madison County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William D. Whitworth</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Higdon</u>		14. NAME OF HUSBAND OR WIFE <u>Eugene Abernathy</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William J. White, Fredericktown, 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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infection of cervical and Thoracic glands with rupture into esophagus</u>				<u>7 weeks</u>	
		ANTECEDENT CAUSES (b) <u>Malignant growth of stomach and external on neck.</u>					
		DUE TO (c) <u>Probably carcinoma lower end of esophagus & stomach</u>					
		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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
						<u>1998</u>	
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 _____, 19____, to <u>Apr 16, 1956</u> , that I last saw the deceased alive on <u>Apr 16, 1956</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. Shaughnessy</u>		23b. ADDRESS <u>M.D. 135W Main Fredericktown</u>		23c. DATE SIGNED <u>5-11-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/18/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Christian Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Higdon, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-12-1956</u>		REGISTRAR'S SIGNATURE <u>Therence Trickett</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Najim Funeral Home, Fredericktown, Mo.</u>			

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 526-18

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 Charles McCarty _____

Licensed Embalmer No. 485

P. O. Address Fredericktown

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.