

FILED FEB-20 1958

STANDARD CERTIFICATE OF DEATH

State File No. 47710

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY OR TOWN <b>Kennett</b>		c. LENGTH OF STAY (in this place) <b>2 Days</b>	c. CITY OR TOWN <b>Arbyrd</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Dunklin Co. Memorial</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		* STREET ADDRESS (If rural, give location) <b>Box 13</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Henry</b> c. (Last) <b>Abernathy</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 18, 1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 27, 1874</b>		9. AGE (In years) last birthday <b>83</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Tom Abernathy</b>		13b. MOTHER'S MAIDEN NAME <b>Adeline Jackson</b>		14. NAME OF HUSBAND OR WIFE <b>Abbie Abernathy, Arbyrd</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year or unknown) <b>No</b> (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Abbie Abernathy</b> ADDRESS <b>Arbyrd, Mo.</b>	

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) <b>Myocarditis</b>		DUE TO (b) _____			<b>1 1/2 yrs</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
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? <b>YES</b> <input type="checkbox"/> <b>NO</b> <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) m.		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 **9-13**, 19**56**, to **9-18**, 19**57**, that I last saw the deceased alive on **9-18**, 19**57**, and that death occurred at **4:00 P.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>W. Caldwell</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>Caldwell, Mo</b>		23c. DATE SIGNED <b>2-7-58</b>	
---	--	----------------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/20/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Silverdale</b>		24d. LOCATION (City, town, or county) (State) <b>Arbyrd Missouri</b>	
---	--	--------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <b>2-10-1958</b>		REGISTRAR'S SIGNATURE <b>Carl Husband</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>McDaniel Funeral Service</b> ADDRESS <b>Senath, Mo.</b>	
---	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

03-2

90-1

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-18-58

COUNTY FILE NUMBER 258-

**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 Hubert B. Baird

Licensed Embalmer No. 4988

P. O. Address Kennett, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.