

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023064

STATE FILE NUMBER  
6533

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 04

300  
1-57  
009  
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Granite City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barnes		Length of stay in 1b 13 days	2. STREET ADDRESS (If outside, give location) 32 2601 E. 24th. St. Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Clara Ruth Abernathy			4. DATE OF DEATH Month Day Year June 29, 1958		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 24, 1893	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Lutesville Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Calvin Shelton		13b. MOTHER'S MAIDEN NAME Emma Day		14. NAME OF HUSBAND OR WIFE Pete	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. —		17. INFORMANT D.M. Abernathy 272 Briscliff Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION			INTERVAL BETWEEN ONSET AND DEATH 10 DAYS
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE			YEARS
DUE TO (c) CHRONIC LYMPHOCYTTIC LEUKEMIA 2 YEARS			420.0H
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from JUNE 23, 1958 to JUNE 29, 1958 and last saw her alive on JUNE 29, 1958  
Death occurred at 1:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) FR Bradley M. D.		22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 6/30/58	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-3-1958		23c. NAME OF CEMETERY OR CREMATORY Dry Creek Cemetery		23d. LOCATION (City, town, or county) (State) Lutesville, Mo.	
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24. FUNERAL DIRECTOR Francis J. Lehey Medicinal		25. DATE RECD. BY LOCAL REG. JUN 30 58		26. REGISTRAR'S SIGNATURE Carl Smith mo	
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Francis J. Lukey*

Licensed Embalmer No. *2792*  
P. O. Address *Madison*

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.