

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20707

State File No. 5146

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Paptist Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>W. R.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Beatrice</u>		b. (Middle) <u>Abney</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>June 9, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb-18-1906</u>
9. AGE (In years last birthday) <u>43</u>		10. MONTHS <u>3</u>	11. YEAR <u>22</u>
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	
11. BIRTHPLACE (State or foreign country) <u>Marquand, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Bell</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Stanfield</u>	
14. NAME OF HUSBAND OR WIFE <u>Burvel Abney</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 <u>Mr. Burvel Abney</u>		ADDRESS <u>Flat River, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute pancreatitis + bile peritonitis</u> DUE TO (b) <u>cholelithiasis</u> 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 <u>June 7, 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>small bladder + common duct filled with stones.</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>Flat River, Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>58 ft X</u>			
22. I hereby certify that I attended the deceased from <u>1 June, 1949</u> , to <u>9 June, 1949</u> , that I last saw the deceased alive on <u>9 June, 1949</u> , and that death occurred at <u>9 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Emerson Brinkley</u>		23b. ADDRESS <u>3720 Washington Ave</u>	
23c. DATE SIGNED <u>13 June 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June-11-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Francois Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>JUN 14 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Sparks</u>		ADDRESS <u>Flat River, Mo</u>	

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

**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.

Signed.....  
Student Embalmer

Signed

*Murphy Parks*

Licensed Embalmer No.

*4336*

P. O. Address

*Hastings, 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.