

**CERTIFICATE OF DEATH**

Registration District No. 316 Primary Registration District No. 6274 Registrar's No. 53

DECEASED—NAME FIRST MIDDLE LAST <b>Hattie Abney</b>			SEX <b>Female</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>Feb. 1, 1971</b>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <b>White</b>		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS <b>75</b>	UNDER 1 YEAR MOS. DAYS <b>None</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>June 2, 1895</b>	COUNTY OF DEATH <b>St. Francois</b>
CITY, TOWN, OR LOCATION OF DEATH <b>Randolph Twp. Route 1, Elvins</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>No</b>	HOSPITAL OR OTHER INSTITUTION (NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)) <b>Elvins, Route 1</b>		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>Missouri</b>		CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	
SOCIAL SECURITY NUMBER <b>Unknown</b>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Housewife</b>		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Harrison Abney</b>	
RESIDENCE—STATE <b>Missouri</b>		COUNTY <b>St. Francois</b>	CITY, TOWN, OR LOCATION <b>Route 1, Elvins</b>		STREET AND NUMBER (INSIDE CITY LIMITS (SPECIFY YES OR NO)) <b>No</b>
FATHER—NAME FIRST MIDDLE LAST <b>Thomas Johnston</b>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Beers Fannie Johnston</b>		INFORMANT—NAME <b>Mrs. Dollie Furry</b>	
Mailing Address <b>Route 1, Elvins, Mo.</b>		Mailing Address (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Route 1, Elvins, Mo.</b>			

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE <b>heart failure</b>			<b>immediate</b>
DUE TO, OR AS A CONSEQUENCE OF: (a) <b>thyrotoxicosis</b>			<b>several years</b>
(b) <b>toxic thyroid cyst.</b>			
(c) <b>cardiac decompensation</b>			

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH (BUT NOT RELATED TO CAUSE GIVEN IN PART I) (G)			AUTOPSY (YES OR NO) <b>No</b>	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH <b>No</b>
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) <b>None</b>			DATE OF INJURY (MONTH, DAY, YEAR) <b>None</b>	HOUR <b>None</b>
HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)				

INJURY AT WORK (SPECIFY YES OR NO) <b>No</b>	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) <b>None</b>	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) <b>None</b>	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS <b>No</b>
CERTIFICATION—PHYSICIAN: 1. ATTENDED THE DECEASED FROM <b>11-16-70</b>	TO <b>1-27-71</b>	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR <b>1 27 71</b>	I DID/DID NOT VIEW THE BODY AFTER DEATH. <b>I did not</b>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH <b>6:00</b>	THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR <b>2-1-71</b>

CERTIFIER—NAME (TYPE OR PRINT) <b>W. H. Hoyt, III, D.O.</b>		SIGNATURE <i>W. H. Hoyt, III</i>	DATE SIGNED (MONTH, DAY, YEAR) <b>2-1-71</b>
MAILING ADDRESS—CERTIFIER <b>7 Coffman</b>		STREET OR R.F.D. NO. CITY OR TOWN STATE <b>Flat River Missouri 63601</b>	

BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>	CEMETERY OR CREMATORY—NAME <b>Czar Cemetery</b>	LOCATION <b>Courtois, Mo.</b>
DATE (MONTH, DAY, YEAR) <b>2-3-1971</b>	FUNERAL HOME—NAME AND ADDRESS <b>Halbert Funeral Home Steelville, Mo.</b>	
FUNERAL DIRECTOR—SIGNATURE <i>Wale Caldwell</i>	REGISTRAR'S SIGNATURE <i>Ether Mathews</i>	DATE RECEIVED BY LOCAL REGISTRAR <b>Feb 2, 1971</b>

9. 1  
10a. 75  
10b. 5  
11. 0  
12. 1  
13. 2422  
14. 4  
15. 4  
16. 0940  
17. 2  
18. 2  
19. CREDITS  
20. 1-0

VS 300  
Rev. 1/70  
**40940**  
**90**  
**DECEASED**  
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.  
**0940**  
**PARENTS**

**CAUSE**

**CERTIFIER**

**BURIAL**

Type or print in PERMANENT BLACK INK. See handbook for instructions.

FILED FEB 9 1971

FEB 11 1971

**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 Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, 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.

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