

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

53 3010 20018285 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. UNFILED 09 64

Primary Registration District No. _____ Registrar's No. _____

VS 300
Rev. 4/59

0168
20168

3
4 1
5 0
6
7 0
8 1
9 X
10
11 115
12 2-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY: <u>Cape Girardeau</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Cape Girardeau</u>	
Length of stay in 1b <u>5 Years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1024 So. Sprigg St.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Polly Gail Abernathy</u>			4. DATE OF DEATH Month Day Year <u>May 20, 1964</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/11/1958</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR <u>5</u> Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <u>Cape Girardeau, Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>Cline Abernathy</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Winder</u>	14. NAME OF HUSBAND OR WIFE <u>None</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. <u>None</u>	17. INFORMANT <u>Cline Abernathy-Cape Girardeau, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushing injuries to chest & abdomen</u> <u>Left shoulder & Rt leg</u> DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>16 hours</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Auto ran over her</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>May 17, 1964</u>	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.) <u>Street</u>	20f. CITY, TOWN OR LOCATION COUNTY STATE <u>Cape Girardeau Mo</u>
21. I attended the deceased from <u>Birth</u> to <u>Death</u> and last saw her alive on <u>May 20, 1964</u> Deathly occurred at <u>1:55 P.M.</u> on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John Reese M.D.</u>		22b. ADDRESS <u>Cape Girardeau Mo</u>	22c. DATE SIGNED <u>May 25, 1964</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/23/1964</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lorimier Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>
24. FUNERAL DIRECTOR <u>L. L. Haman-Cape Girardeau, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-3-64</u>	26. REGISTRAR'S SIGNATURE <u>Jrene Kasten</u>

Personai
injuries
killed 5/22/64

USE BLACK INK OR TYPEWRITER RIBBON
Dr. Crowe

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 Howard L. Roman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.