

FILED JUL 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22993

Registration District No. 143

Primary Registration District No. 4232

Registrar's No. 65

1. PLACE OF DEATH:

- (a) County Howell
(b) City or town Willow Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether

In this community 31 years
years, months or days)3. (a) PRINT FULL NAME EDWARD D ABBOTT

3. (b) If veteran,

name war

3. (c) Social Security

No. 702-07-0859

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife VICTORIA H. KOCH 6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased AUG. 8, 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 10 23 hr. min.

9. Birthplace Lima, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation
- TELEGRAPHER

11. Industry or business
- RAILROAD

12. Name
- ALLEN D. ABBOTT

13. Birthplace
- OHIO
-
- (City, town, or county) (State or foreign country)

14. Maiden name
- HANNAH M. KOCH

15. Birthplace
- OHIO
-
- (City, town, or county) (State or foreign country)

16. (a) Informant
- Mrs. Louise Burroughs

- (b) Address
- Willow Springs, Mo.

17. (a)
- Burial
- (b) Date thereof
- 7/4/48
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Willow Springs City Cemetery

18. (a) Signature of funeral director
- JCB ums

- (b) Address
- Willow Springs, Mo.

19. (a)
- 7/2/48
- (b)
- Marshall Palmer
-
- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Howell 46
(c) City or town Willow Springs
(If outside city or town limits, write "RURAL")

- (d) Street No. (If rural, give location)

- (e) Citizen of foreign country?
- No
- (Yes or No)

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 1
year 48 hour 2:00 minute 9 M.

21. I hereby certify that I attended the deceased from 1-10-38 to 7-1-48
that I last saw him alive on 6-30-48
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis 5 yrs.Due to arteriosclerosis 10 yrs.Hypertension

Due to

Other conditions Chl. Nephritis 1 yr.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)

- (b) Date of occurrence

- (c) Where did injury occur?
-
- (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (c) Means of injury

23. Signature CP Callahan (M. D. 0)Address Willow Springs, Mo. Date signed 7-2-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
7-13-48
District Health Officer No. 5
FEB 23 1949

Date Filed 7-12-48
District File Number 7-48-445

AUG 18 1948

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

Dred H. Barnes, Registered Apprentice No. 413
working under my personal supervision.

Signed JCBurns
Licensed Embalmer No. 3379
P. O. Address Willow Springs

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.