

FILED JAN 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1475  
Registrar's No. 15

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sugar Creek</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Independence Sanitarium</b>		d. STREET ADDRESS (If rural, give location) <b>923 N. High</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Elizabeth</b> c. (Last) <b>Abbott</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 16, 1949</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 13, 1869</b>
9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 24 HRS. Days <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>	11. BIRTHPLACE (State or foreign country) <b>Rising Sun, Ind.</b>
12. CITIZEN OF WHAT COUNTRY? <b>American</b>		13a. FATHER'S NAME <b>unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Thomas Abbott (deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Louis Howard, 923 N. High</b>		ADDRESS <b>Sugar Creek, Mo.</b>	
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) <b>Coronary thrombosis with myocardial infarction, post-mortem</b> ANTECEDENT CAUSES DUE TO (b) <b>coronary sclerosis</b> DUE TO (c) <b>Hypertension</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b> <b>yes</b> <b>yes</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION <b>1/15</b>		19b. MAJOR FINDINGS OF OPERATION <b>1/15</b>	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1/15, 1949</b> , to <b>1/16, 1949</b> , that I last saw the deceased alive on <b>1/16, 1949</b> , and that death occurred at <b>1:50 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Vance E. Link, M.D.</b>		23b. ADDRESS <b>Independence, Mo.</b>	
23c. DATE SIGNED <b>1-17-49</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
24b. DATE <b>1/19/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Independence, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. B. Cooney</b>	
DATE REC'D BY LOCAL REG. <b>1-18-49</b>		ADDRESS <b>Independence, Mo.</b>	

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

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**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 .....  
Student Embalmer

Signed Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address Indep. 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.