

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

49-292987

REG. DIST. NO. 3035 PRIMARY REG. DIST. NO. 3035 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEXINGTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEXINGTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WATER TOWER HILL</u>		d. STREET ADDRESS (If rural, give location) <u>WATER TOWER HILL</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>DARRELL</u> b. (Middle) <u>GALE</u> c. (Last) <u>ABBOTT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4/8/1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>4/7/49</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>18</u>
11. BIRTHPLACE (State or foreign country) <u>LEXINGTON, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME XXXXXXXXXXXX		13b. MOTHER'S MAIDEN NAME <u>LOLA A GOTT</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS ALBERT ABBOTT LEX. 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 pulmonary infection</u> ANTECEDENT CAUSES DUE TO (b) <u>Chumature</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lexington Lafayette MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> <u>None</u>	21f. HOW DID INJURY OCCUR? <u>None</u>
22. I hereby certify that I attended the deceased from <u>4-7</u> , 19 <u>49</u> , to <u>4-8</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-7</u> , 19 <u>49</u> , and that death occurred at <u>7 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. K. Bellian D.O.</u>		23b. ADDRESS <u>1027 1/2 Main Street Mo.</u>	23c. DATE SIGNED <u>4/8/1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4/8/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MASHPELAB</u>	24d. LOCATION (City, town, or county) (State) <u>LEXINGTON, MO</u>
DATE REC'D BY LOCAL REG <u>4/8/1949</u>	REGISTRAR'S SIGNATURE <u>Wm. H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FORREST F. TEMPEL LEX. MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
54
3
2

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-10-49

Ball

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 _____

Art Embalsmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Geo. McKean*

Licensed Embalmer No. 2983

P. O. Address *Leungton Tex*

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.