No. 300
10-48

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

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18622

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 717

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hosp. No. 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Putnam
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Lincoln Twsp.
d. STREET ADDRESS (If rural, give location): Hartford, Missouri

3. NAME OF DECEASED (Type or Print): a. (First) Ada b. (Middle) May c. (Last) Abbott

4. DATE OF DEATH: (Month) 6 (Day) 23 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 22, 1904

9. AGE (In years last birthday): 44 IF UNDER 1 YEAR Months: 6 Days: 1 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Putnam County Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.a.

13a. FATHER'S NAME: James D. Hurley

13b. MOTHER'S MAIDEN NAME: Cora Veach

14. NAME OF HUSBAND OR WIFE: Pearl Abbott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Pearl Abbott, Hartford, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: ~~2 days~~

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Epileptic seizures — 3 days
DUE TO (c) Hemorrhage of the left cerebral side of the brain — chronic long standing

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Schizophrenia paranoid type — 3 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 3533

20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 3, 1949, *to* 6-23, 1949, *that I last saw the deceased alive on* 6-23, 1949, *and that death occurred at* 5:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E E Cousins M.D.

23b. ADDRESS: St. Joseph, Mo. State Hospital #2

23c. DATE SIGNED: 6-23-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6 26 49

24c. NAME OF CEMETERY OR CREMATORY: Shipley

24d. LOCATION (City, town, or county) (State): Putnam County Missouri

DATE REC'D BY LOCAL REG.: June 29, 1949

REGISTRAR'S SIGNATURE: E. E. Jenkins 382

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Storey Funeral Home Platte City Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Holen Roy Clawson

Signed _____
Student Embalmer

Licensed Embalmer No. 2435E

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.