

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34738

BIRTH NO. _____		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 5989		Registrar's No. 81	
1. PLACE OF DEATH a. COUNTY Putnam				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY Putnam			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Livonia, Mo. Grant		c. LENGTH OF STAY (If in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Livonia, Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION city				d. STREET ADDRESS (If rural, give location) city			
3. NAME OF DECEASED (Type or Print) a. (First) Phillip Sherman		b. (Middle) Abbott		c. (Last) Abbott		4. DATE OF DEATH (Month) (Day) (Year) Oct. 27 1949	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Nov. 26, 1864		9. AGE (In years last birthday) 84		10. IF UNDER 1 YEAR Months 11 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Putnam Co., Mo. 6		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Napoleon Abbott		13b. MOTHER'S MAIDEN NAME Melissa Jones		14. NAME OF HUSBAND OR WIFE Lula Abbott.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Octa West, Livonia, Mo.		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Fracture of femur DUE TO (c) Fall at night II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 months E 9040 #21	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) Putnam (COUNTY) (STATE) Mo.		21d. HOW DID INJURY OCCUR? Fall in fire door	
21d. TIME OF INJURY Aug 25-49		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall in fire door			
22. I hereby certify that I attended the deceased from Aug 1949, to Oct 27 1949, that I last saw the deceased alive on Oct 27, 1949, and that death occurred at 5:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE R. E. Kent M.D. (Degree or title)				23b. ADDRESS Coatesville Mo		23c. DATE SIGNED Oct 27	
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE Oct. 29, 1949		24c. NAME OF CEMETERY OR CREMATORY Shipley Cem.		24d. LOCATION (City, town, or county) (State) Putnam Co. Mo.	
DATE REC'D BY LOCAL REG. 10-28-49		REGISTRAR'S SIGNATURE Maxwell D. ...		25. GENERAL DIRECTOR'S SIGNATURE		ADDRESS Unionville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 2 1949
District Health Officer No. 1
District File Number 21-49-18
Date Filed NOV 2 1949

136-10-11-11
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 *21-49-18*

Signed *Muel E. Hunter*

Licensed Embalmer No. *3304*

P. O. Address *Unionville, N.C.*

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.