

FILED JAN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40052**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 3000		Registrar's No. 384	
1. PLACE OF DEATH a. COUNTY ADAIR				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Mo. b. COUNTY ADAIR			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKSVILLE		c. LENGTH OF STAY (in this place) 1 40 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKSVILLE			
d. FULL NAME OF HOSPITAL OR INSTITUTION 424 W. MISSOURI				d. STREET ADDRESS (If rural, give location) 424 W. MISSOURI			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) SYLVESTER c. (Last) ABBOTT			4. DATE OF DEATH (Month) (Day) (Year) DEC. 29, 1949				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL 14, 1864	
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COAL MINER		10b. KIND OF BUSINESS OR INDUSTRY COAL MINE		11. BIRTHPLACE (State or foreign country) MISSOURI	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COAL MINER		10b. KIND OF BUSINESS OR INDUSTRY COAL MINE		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOSHUA ABBOTT		13b. MOTHER'S MAIDEN NAME SUZANNE HUSTON		14. NAME OF HUSBAND OR WIFE WINNIE ABBOTT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Basil F. Fogleson, Green Ct., 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES Thrombosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3.34 X	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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) none		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 Oct 10th , 1949, to Dec 29th , 1949, that I last saw the deceased alive on Dec 20th , 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. A. Adams, M.D.				23b. ADDRESS 115 1/2 J. Franklin Kirkville		23c. DATE SIGNED Dec 29/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Jan 1 1950		24c. NAME OF CEMETERY OR CREMATORY FORREST CEMETERY		24d. LOCATION (City, town, or county) (State) KIRKSVILLE, Mo.	
DATE REC'D. BY LOCAL REG. 12-30-49		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS Shen E. Kent & Son Green Ct., Mo.			

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

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JAN 9 1950

RECEIVED

District Health Officer No. 1

District File Number 50-60

Date Filed JAN 9 1950

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

Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.