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THE DIVISION OF HEALTH OF MISSOURI

FILED JAN 17 1950

STANDARD CERTIFICATE OF DEATH

State File No. 43595

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY AUDRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY AUDRAIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN VANDALIA	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN VANDALIA	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 507 WEST WASHINGTON	

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) HUGHES c. (Last) ABINGTON			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) MARRIED	8. DATE OF BIRTH FEB. 21, 1869	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 10 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STOCKMAN		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) FORRESTAL Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME OLIVER ABINGTON	13b. MOTHER'S MAIDEN NAME JANE - UNKNOWN	14. NAME OF HUSBAND OR WIFE IDA MAY ABINGTON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bertie Abington

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Hypertension DUE TO (c) Arteriosclerosis + Chronic renal disease		10 yrs 11 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) (Min)	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 **Dec 23**, 1949, to **Dec 29**, 1949, that I last saw the deceased alive on **Dec 29**, 1949, and that death occurred at **7:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. Dougherty, D.O.	23b. ADDRESS Vandalia, Mo.	23c. DATE SIGNED 1/9/50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC 31, 1949	24c. NAME OF CEMETERY OR CREMATORY VANDALIA
24d. LOCATION (City, town, or county) (State) VANDALIA, MO.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. S. Waters Vandalia, Mo.	
DATE REC'D BY LOCAL REG. 1-10-50	REGISTRAR'S SIGNATURE Sheel Alfred Ogley	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 16
District Health Office
District File Number 1
Date Filed JAN 16

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 William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia Mo

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

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