

FILED FEB 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 800

BIRTH NO. _____ REG. DIST. NO. 106 PRIMARY REG. DIST. NO. 5420 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Holcomb, Mo-R 1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Holcomb Mo-R 1 HOLCOMB, JWP.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Kelvey</u>		b. (Middle) <u>Huston</u>		c. (Last) <u>Abbott</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>27</u> <u>50</u>	
5. SEX <u>M</u> <u>C</u> <u>W</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-7-1896</u>		9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>day labor</u>		11. BIRTHPLACE (State or foreign country) <u>Huston Tex</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Cal Abbott</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzy Carter</u>		14. NAME OF HUSBAND OR WIFE <u>Clarice Abbott</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clarice Abbott, Holcomb Mo-R 1</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive</u>			
		DUE TO (c) <u>Chronice Heart Disease</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4251	

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)		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter A. Hawker</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Kennett Mo</u>		23c. DATE SIGNED <u>1-27-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-29-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Ceetry</u>	
				24d. LOCATION (City, town, or county) (State) <u>Kennett Mo</u>	

DATE REC'D BY LOCAL REG. <u>Jan 29 1950</u>		REGISTRAR'S SIGNATURE <u>J. G. Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lentz Funeral Home Kennett, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rec. DUNKLIN COUNTY HEALTH DEPARTMENT
KENNETT, MISSOURI 2-1-1
County File No. 250-4

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

Walter A. Hawkins

Licensed Embalmer No. 2002

P. O. Address Kennett, 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.