

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11951

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 556	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital				d. STREET ADDRESS (If rural, give location) 1216 N. 12th Street			
3. NAME OF DECEASED (Type or Print)		a. (First) Joseph		b. (Middle) Perry		c. (Last) Abbett	
4. DATE OF DEATH		May 2, 1950					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 4, 1876.	
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Ret.		10b. KIND OF BUSINESS OR INDUSTRY Farming - Self		11. BIRTHPLACE (State or foreign country) Troy, Kansas	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Perry Abbott		13b. MOTHER'S MAIDEN NAME Sarah Hamilton		14. NAME OF HUSBAND OR WIFE Bertha Abbett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. *****		17. INFORMANT'S SIGNATURE OR NAME Virgil Abbett		ADDRESS St. Joseph, Missouri.	
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. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: Hypertensive Cardio Vascular Disease with Hypertension Lf. Ventricular Hypertrophy & dilatation. Old Cerebral Hemorrhage. 2. OTHER SIGNIFICANT CONDITIONS None				INTERVAL BETWEEN ONSET AND DEATH 18 hrs. Unknown 44 3X			
19a. DATE OF OPERATION XX		19b. MAJOR FINDINGS OF OPERATION XXX		20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) XX		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XX		21c. (CITY, TOWN, OR TOWNSHIP) XX		(COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) XX		21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? XX			
22. I hereby certify that I attended the deceased from April 30, 1950, to May 2, 1950, that I last saw the deceased alive on May 2, 1950, and that death occurred at 10:25 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. H. Staley - MD				23b. ADDRESS The Tootle Building St. Joseph, Missouri		23c. DATE SIGNED May 3, 1950	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE May 2, 1950		24c. NAME OF CEMETERY OR CREMATORY Troy Cemetery		24d. LOCATION (City, town, or county) Troy, Kansas.	
DATE REC'D BY LOCAL REG. May 12, 1950		REGISTRAR'S SIGNATURE K. B. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Meierhoffer		ADDRESS 1946 Colhoun St. St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *****

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Student Embalmer No. *****

working under my personal supervision.

Signed

Robert C. Farrington

4413

Licensed Embalmer No. 3258 Missouri.

Signed.....
Student Embalmer

P. O. Address St. Joseph, Missouri.

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.