

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **14236**

FILED APR 17 1950

Registrar's No. **110**

BIRTH NO. _____		REG. DIST. NO. <b>301</b>		PRIMARY REG. DIST. NO. <b>6035</b>		State File No. <b>14236</b>	
1. PLACE OF DEATH a. COUNTY <b>Ripley.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY <b>Ripley.</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural. Jordan Twp.</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural. Jordan Twp.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>13 Miles N. of Doniphan Mo.</b>				d. STREET ADDRESS (If rural, give location) <b>13 Miles N. of Doniphan Mo.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Carmi</b>		b. (Middle) <b>George</b>		c. (Last) <b>Abbott.</b>	
4. DATE OF DEATH		(Month) <b>March</b>		(Day) <b>12</b>		(Year) <b>1950.</b>	
5. SEX <b>Male.</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married.</b>	8. DATE OF BIRTH <b>August 11, 1874.</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>7</b>	IF UNDER 1 YEAR Days <b>1</b>	IF UNDER 1 YEAR Hours <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture.</b>		11. BIRTHPLACE (State of foreign country) <b>Ohio.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Dr. John Moire Abbott</b>		13b. MOTHER'S MAIDEN NAME <b>Mollie A. Robinson</b>		14. NAME OF HUSBAND OR WIFE <b>Margaret Susan Abbott.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ted Abbott.</b> ADDRESS <b>Doniphan Mo. R-2.</b>			
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) <b>Hypertension</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>and Cerebral Hemorrhage</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  <b>331X</b>	
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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2:30 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>E. B. Johnston</b> (Degree or title)				23b. ADDRESS <b>Doniphan</b>		23c. DATE SIGNED <b>3-13-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial.</b>		24b. DATE <b>Mar. 14, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Edmonds Cemetery.</b>		24d. LOCATION (City, town, or county) (State) <b>Ripley County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>3-13-50</b>		REGISTRAR'S SIGNATURE <b>E. B. Johnston</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ray Means.</b> ADDRESS <b>Doniphan, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

13.  
RECEIVED 4-10-50  
District Health Officer No. 8,  
District File Number 4-50-222  
Date Filed 4-13-50

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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.

*This body was not embalmed.*  
Signed *Ray Means.*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *3743.*

P. O. Address *Doniphan, 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.