

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17471

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 159

5644

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

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal 0644		d. STREET ADDRESS (If rural, give location) 424 Munger St. 0
d. FULL NAME OF HOSPITAL OR INSTITUTION 424 Munger St.			4. DATE OF DEATH (Month) (Day) (Year) May 12, 1950		
3. NAME OF DECEASED (Type or Print) a. (First) APRIL			b. (Middle) JUNE	c. (Last) ABBEY	4. DATE OF DEATH (Month) (Day) (Year) May 12, 1950
5. SEX female 3	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 1	8. DATE OF BIRTH Sept. 5, 1888	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Louisiana, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William Gray		13b. MOTHER'S MAIDEN NAME India Bell		14. NAME OF HUSBAND OR WIFE Abraham Abbey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) -----	17. INFORMANT'S SIGNATURE OR NAME Hannibal, Mo. Mrs. Eliza Abbey, 209 N. Pine St.			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 4201
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) 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 5-11, 1950 to 5-11, 1950 , that I last saw the deceased alive on 5-11, 1950 , and that death occurred at 12:30 AM from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) R. W. Fox 0 M.D.			23b. ADDRESS 1316 Center		23c. DATE SIGNED 5-13-50
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5/14/50	24c. NAME OF CEMETERY OR CREMATORY Robinson Cemetery	24d. LOCATION (City, town, or county) (State) Hannibal, Mo.		
DATE REC'D BY LOCAL REG. 5-16-50	REGISTRAR'S SIGNATURE D. E. M. Lucere	FUNERAL DIRECTOR'S SIGNATURE Nathun A. Schwartz	ADDRESS Hannibal, Mo.		

RECEIVED MAY 18 1950
MARION CO. HEALTH DEPT.
DATE FILED MAY 22 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 Novel E. Foster.....

Licensed Embalmer No. 4742.....

P. O. Address Hennel, 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.