

FILED SEP 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **30802**  
REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001**  
REGISTRAR'S No. **392**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Kansas</b> b. COUNTY <b>Oneoknee</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Galena</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Johns Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1212 Wall St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lucy Mae Abbey</b> b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>9 2 1950</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug 24 1879</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	9. AGE (In years last birthday) <b>71</b> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William White</b>		13b. MOTHER'S MAIDEN NAME <b>Roseanne Wright</b>	
14. NAME OF HUSBAND OR WIFE <b>Harry M. Abbey</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>No</b> (If yes, give post or dates of service)	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Shane Swany</b> ADDRESS <b>Galena, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Coronary Atherosclerosis</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) <b>Senility</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>none</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b> <b>2 yrs</b>	
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 <b>May 1947</b> , to <b>2 Sept, 1950</b> ; that I last saw the deceased alive on <b>1 Sept, 1950</b> , and that death occurred at <b>2:30 pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Robert J. Powell MD</b>		23b. ADDRESS <b>Galena, Kans</b>	
23c. DATE SIGNED <b>2 Sept 50</b>		23d. LOCATION (City, town, or county) (State) <b>Galena, Kansas</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9 2 1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Hill Crest</b>		24d. LOCATION (City, town, or county) (State) <b>Galena, Kansas</b>	
DATE REC'D BY LOCAL REG. <b>9-5-50</b>		REGISTRAR'S SIGNATURE <b>Ed. S. James</b> 138	
FUNERAL DIRECTOR'S SIGNATURE <b>William C. Poteet</b>		ADDRESS	

(Licensed Embalmer's Signature on Reverse Side)

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

RECEIVED 9-19-50  
Jasper County Health Office  
County File Number 50-9-674  
Date Filed 9-21-50

MAR 3 1956

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.

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

Signed Haven E. Newman  
Licensed Embalmer No. 2067 Kan  
P. O. Address Galena Kan

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.