

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41807**

FILED JAN 4 1951

BIRTH NO.		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 5989		Registrar's No. 74	
1. PLACE OF DEATH a. COUNTY Putnam				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Putnam			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Livonia		c. LENGTH OF STAY (If in this place) Short		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Livonia Mo.		0860	
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Lula		b. (Middle) Belle		c. (Last) Abbott	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 1875-11-14	
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Work		11. BIRTHPLACE (State or foreign country) Ohio.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Charles Barnhouse		13b. MOTHER'S MAIDEN NAME Caroline Coyle		14. NAME OF HUSBAND OR WIFE Phillip Abbott			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Pearl Abbott ADDRESS Hammond Indiana			
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) Coronary Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis DUE TO (b) Arteriosclerosis DUE TO (c) 0 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4:01				INTERVAL BETWEEN ONSET AND DEATH 15 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-13-50 4:01 PM		21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-12-1950 to 12-13-1950 , that I last saw the deceased alive on 12-13-1950 , and that death occurred at 4:01 PM , from the causes and on the date stated above.							
23a. SIGNATURE P. J. Scott M.D. (Degree or title)		23b. ADDRESS Coatsville Mo		23c. DATE SIGNED 12-14-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE Dec. 15 1950		24c. NAME OF CEMETERY OR CREMATORY Shelby Cem		24d. LOCATION (City, town, or county) (State) Shelby Co. Mo	
DATE REC'D BY LOCAL REG. 12-22-50		REGISTRAR'S SIGNATURE Marvill Durham		FURNERAL DIRECTOR'S SIGNATURE W. H. Husted		ADDRESS W. H. Husted	

(Licensed Embelmer's Statement on Reverse Side)

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

Date Received: DEC 27 1950
DISTRICT HEALTH OFFICE #2
District File Number 12-50-22
Date Filed: JAN 3 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed
Student Embalmer

Licensed Embalmer No. 3307

P. O. Address Winnetka, Ill.

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.