

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20987

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 4411 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY OR TOWN <u>Bowling Green</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>0820</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sam</u> b. (Middle) _____ c. (Last) <u>Abbott</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 17 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Apr. 30 1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>76</u> 11. BIRTHPLACE (State or foreign country) <u>9</u>
13a. FATHER'S NAME <u> Jesse Abbott</u>		13b. MOTHER'S MAIDEN NAME <u> Elizabeth Hagood</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
14. NAME OF HUSBAND OR WIFE _____		16. SOCIAL SECURITY NO. _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u> Dick Abbott Bowling Green Mo</u> ADDRESS _____	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Insufficiency</u> ANTECEDENT CAUSES <u>Myocarditis; Hypertension</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: <u>Arthritis</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>1928</u> to <u>5-18</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-18</u> , 19 <u>51</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. M. Mathews, M.D.</u> (Degree or title)		23b. ADDRESS <u>Bowling Green Mo</u>	
23c. DATE SIGNED <u>5-22-51</u>			
24a. BURIAL, CREMATION-REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 21-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Indian Cr.</u>		24d. LOCATION (City, town, or county) (State) <u>Pike Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 31-51</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u> 254	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Grace H. ...</u>		ADDRESS <u>Bowling Green</u>	

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

0820

970

Date Received: JUN 15 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 6-51-111  
Date Filed: JUN 18 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Harold C. Kinde* \_\_\_\_\_

Licensed Embalmer No. *4597* \_\_\_\_\_

P. O. Address *Bowling Green, Ky* \_\_\_\_\_

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.