

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26718

State File No. ....

FILED SEP 4 1951

BIRTH NO. 36948-51 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Howell</u> <u>0461</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u> c. LENGTH OF STAY (in this place) <u>5 yrs</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u> <u>mo</u>			
d. FULL NAME OF DECEASED (If not in hospital or institution, give street address for location) <u>Christa Hagan</u>				d. STREET ADDRESS (If rural, give location) <u>0461</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lloyd</u>		b. (Middle) <u>Robert</u>		c. (Last) <u>Abney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-15-51</u>	
5. SEX <u>mo</u>	6. COLOR OF RACE <u>wt</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>6-10-51</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>West Plains Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Lloyd Abney</u>		13b. MOTHER'S MAIDEN NAME <u>Neelie Parrott</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd Abney, West Plains Mo</u>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(wt 2.0 lbs.) due to</u> DUE TO (c) <u>unknown cause</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gestation period about 6 mos.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>776 X</u>				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) (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 <u>6/11</u> , 19 <u>51</u> , to <u>6/15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6/15</u> , 19 <u>51</u> , and that death occurred at <u>11:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ed Callahan, M.D.</u>		23b. ADDRESS <u>West Plains Mo</u>		23c. DATE SIGNED <u>7/6/51</u>			
24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>19</u>		24b. DATE <u>6/17-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Howell Valley</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-14-51</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		3793 FUNERAL DIRECTOR'S SIGNATURE <u>Robertson West Plains, Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED

AUG 21 1951

Dist. File 851-1542

Date Filed 8-28-51

### 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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.