

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27762
Registrar's No. 129

BIRTH NO.		REG. DIST. NO. 272	PRIMARY REG. DIST. NO. 1907		REGISTRAR'S NO. 129		
1. PLACE OF DEATH a. COUNTY Pemiscott 0780			2. USUAL RESIDENCE (Where deceased lived. If local, give residence before admission) a. STATE ARK. b. COUNTY MISSOURI				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steele		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blytheville 3A Ark. 9030		LENGTH OF STAY (In this place)			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) E.		c. (Last) Abbott			
4. DATE OF DEATH (Month) (Day) (Year) 9-1-1951		5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 6 1922		9. AGE (In years last birthday) 28			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming		11. BIRTHPLACE (State or foreign country) Blytheville / Ark.			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Chas. M. Abbott		13b. MOTHER'S MAIDEN NAME Mattie. May			
14. NAME OF HUSBAND OR WIFE Virginia Abbott		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes No. 2		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME B. M. Abbott		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) Crushed Chest & Internal Injuries ANTECEDENT CAUSES Morbid 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 Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH	
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, field, etc.) Public Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Steele Pemiscot Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 1, 1951		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile Accident			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE James A. Cahern		23b. ADDRESS Wardell, Mo.		23c. DATE SIGNED 9-5-51			
23d. SIGNATURE (Degree or title) Coroner		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-1-1951			
24c. NAME OF CEMETERY OR CREMATORY Elmwood		24d. LOCATION (City, town, or county) (State) Blytheville Ark.					
DATE REC'D BY LOCAL REG. 9-7-51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cobb Funeral Home Blytheville Ark			

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

9-51-222

Rec. SEP 8 1951

OCT 9 1951

SEP 29 1951

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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.....

James R. Stovall

Signed.....
Student Embalmer

Licensed Embalmer No. 3100

P. O. Address Blytheville

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.