V.S. No. 300
Rev. 10.48

FILED AUG 23 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27851

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO 3054 Registrar's No. 79

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

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Louisiana
c. LENGTH OF STAY (In this place) 42 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pike Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo
b. COUNTY Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bowling Green - Rural
d. STREET ADDRESS (If rural, give location) U

3. NAME OF DECEASED (Type or Print) a. (First) Dennis b. (Middle) — c. (Last) Abbott

4. DATE OF DEATH (Month) 8 (Day) 7 (Year) 51

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Feb. 26, 1874

9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Pike Co, Mo. C

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Jesse Abbott

13b. MOTHER'S MAIDEN NAME Haywood Betts

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ?

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Pike Co. Hospital Record - K.S.

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rt. Lung.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of Prostate and Colon. (Descending Portion)

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 177X

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.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

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* 6-25, 1951, *to* 8-7, 1951, *that I last saw the deceased alive on* 8-9, 1951, *and that death occurred at* 3:00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert L. Andrae M.D. (Degree or title)

23b. ADDRESS Robert L. Andrae, M. D. 216 Georgia Street Louisiana Missouri

23c. DATE SIGNED 8-11-51

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 8-10-51

24c. NAME OF CEMETERY OR CREMATORY Indian Creek

24d. LOCATION (City, town, or county) Lincoln Co. (State) Mo

DATE REC'D BY LOCAL REG. Aug 11, 1951

REGISTRAR'S SIGNATURE Bernice Collier 374

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Grace Bankhead Louisiana Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Received: AUG 22 1951
DISTRICT HEALTH OFFICE #2
District File Number 8-51-1479
Date Filed: AUG 22 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. Kirke

Licensed Embalmer No. 4577

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.