

STANDARD CERTIFICATE OF DEATH

23653

State File No.

816

0117
0

FILED AUG 11, 1952

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph</u>	
c. LENGTH OF STAY (in this place) <u>11 da</u>		d. STREET ADDRESS (If rural, give location) <u>703 1/2 No 12th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph's Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Donald</u>		b. (Middle) <u>Wesley</u>	
c. (Last) <u>Abbott</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 22 52</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>7-11-52</u>
9. AGE (In years last birthday) <u>0</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>William James Abbott</u>		13b. MOTHER'S MAIDEN NAME <u>Hooover (Betty L)</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE AND NAME <u>William J Abbott, St Joseph Mo</u>		ADDRESS <u>—</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES ☐ NO ☒		76 25	
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)	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 <u>7-11-</u> , 19 <u>52</u> , to <u>7-22</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7-22</u> , 19 <u>52</u> , and that death occurred at <u>12:45 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Andrew St Hughes</u> (Degree or title)		23b. ADDRESS <u>2004-74.4 p.m. 13147</u>	23c. DATE SIGNED <u>7-22-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/23/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cem. St Joseph Mo</u>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>August 4, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Cash</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Barry</u> ADDRESS <u>St Joseph Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph Mo.

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.