

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

REC NOV 6 1952

35390

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 474

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. LENGTH OF STAY (If in place) <u>28 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bayter Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>816 Lincoln</u>		
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>S.</u> c. (Last) <u>Abbott</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-27-52</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 21-1882</u>		9. AGE (In years last birthday) <u>67</u> if under 1 year: Months _____ Days _____ if under 24 hrs: Hours _____ Min. _____
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>Postage Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Postal Office</u>		11. BIRTHPLACE (State or foreign country) <u>Webb City, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Charles Abbott</u>		13b. MOTHER'S MAIDEN NAME <u>Lusie Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>Edna Abbott</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u> (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <u>X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edna Abbott</u>		18. ADDRESS <u>839 1/2 E. 2nd St.</u>		19. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>none known</u>			
DUE TO (c) <u>✓</u>		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>✓</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no injury</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>no injury</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>	
22. I hereby certify that I attended the deceased from <u>Oct. 7, 1952</u> to <u>10-27-1952</u> , that I last saw the deceased alive on <u>10-27, 1952</u> , and that death occurred at <u>11:55 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Wm. Mc Kinney</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Bayter Springs, Kansas</u>	
23c. DATE SIGNED <u>10/28/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-27-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Dorrell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dorrell, Kansas</u>		24e. DATE REC'D BY LOCAL REG. <u>10-31-52</u>	
24f. REGISTRAR'S SIGNATURE <u>Ed O. Jones</u>		138		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lance Wene</u>	
25a. ADDRESS <u>Bayter Springs, Kansas</u>					

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-5-52  
Jasper County Health Office  
County File Number 52/11/2000  
Date Filed 11-5-52

NOV 24 1952

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

*Wene Funeral Home*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*J. Lane Wene*

Licensed Embalmer No. *2880 m*

P. O. Address *Baxter Shgs*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.