.S. No. 300
Rev. 10-48

FILED JAN 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 914

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 16

0362
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WASHINGTON MO.
c. LENGTH OF STAY (In this place): 2 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 103 ELM ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WASHINGTON MO
d. STREET ADDRESS (If rural, give location): 103 ELM. ST. 0362

3. NAME OF DECEASED (Type or Print)
a. (First): LOUIS
b. (Middle): D
c. (Last): ABBOTT

4. DATE OF DEATH (Month) (Day) (Year): 1 - 11 - 53

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: 5-14-1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 7 Days 27 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: HAT FACTORY
11. BIRTHPLACE (City and State or Foreign Country): RICHLAND MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: DAVID ABBOTT
13b. MOTHER'S MAIDEN NAME: MARTHA HALE
14. NAME OF HUSBAND OR WIFE: Ida Abbott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 499-05-0839-A
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Ida Palmer Abbott Washington Mo

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) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Died suddenly

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic heart disease — 10-15 years
DUE TO (c) 4201

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Bronchiectasis (severe) — 15-20 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: no operation
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* 5/19, 1940 *to* 1/10, 1953, *that I last saw the deceased alive on* 11/25, 1952, *and that death occurred at* exact time not known *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. O. Eisenmann M.D. 0
23b. ADDRESS: New Haven, Mo
23c. DATE SIGNED: 1/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-14-53
24c. NAME OF CEMETERY OR CREMATORY: NEW HAVEN CEM.
24d. LOCATION (City, town, or county) (State): NEW HAVEN MO.

DATE REC'D BY LOCAL REG.: Jan. 13, 1953
REGISTRAR'S SIGNATURE: F. E. Hudman by F. E. Hudman Sgt. 99-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: L. C. Tertig & Son, New Haven Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Earl Fortig

Licensed Embalmer No. 3385

P. O. Address Yeutlaven

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.