

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6767**

FILED MAR 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 30

0592

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

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>	
c. LENGTH OF STAY (in this place) <u>79 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>514 Dickinson St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Rachel</u> c. (Last) <u>Abshire</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb - 24 - 53</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec. 20, 1871</u>
9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>2</u>	11. DAYS <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri, Chillicothe</u>
12. CITIZENSHIP OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>James M. Abshire</u>		13b. MOTHER'S MAIDEN NAME <u>Clara B. Cowgill</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Lloyd Banta Chillicothe, Mo.</u>		ADDRESS <u>1408 Jackson</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombosis of Vena cava.</u> DUE TO (c) _____ 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>2-22</u> <u>1953</u> , to <u>2-24</u> <u>1953</u> , that I last saw the deceased alive on <u>2-24</u> <u>1953</u> , and that death occurred at <u>8:45 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph F. Gale</u> (Degree or title) <u>MD.</u>		23b. ADDRESS <u>Chillicothe, Mo.</u>	
23c. DATE SIGNED <u>2-24-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 26, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood</u>		24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-14-53</u>		REGISTRAR'S SIGNATURE <u>Francis B. Neill</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home, Chillicothe, Mo.</u>		ADDRESS _____	

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 *Emmett Everett* _____

Licensed Embalmer No. *4748* _____

P. O. Address *Chillicothe, 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.