

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

17752

FILED JUN 8 1953

State File No.

BIRTH NO.		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5466</u>		Registrar's No. <u>529</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u> <u>0370</u> <u>2.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Pennsylvania</u> b. COUNTY <u>8390</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, S. Campbell Twp.</u>		c. LENGTH OF STAY (In this place) <u>2yr. 9mo. 6da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Philadelphia</u> <u>18</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Medical Center for Federal Prisoners</u>				d. STREET ADDRESS (If rural, give location) <u>Unknown</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>Albert</u>		c. (Last) <u>Abrams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 3, 1953</u>	
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>October 18, 1904</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Male Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>		11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u> <u>/</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Abram</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Byrne</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FILE: M.C.F.P., Springfield, Missouri</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.		<p align="center">MEDICAL CERTIFICATION</p> <p>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u></p> <p>ANTECEDENT CAUSES</p> <p>DUE TO (b) <u>Arteriosclerotic heart disease</u></p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) ----- m.		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>Aug. 28, 1950</u> , to <u>June 3, 1953</u> , that I last saw the deceased alive on <u>June 3, 1953</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Laraine Kaeber M.D.</u>		23b. ADDRESS <u>Medical Center for Fed. Prisoners, Springfield, Mo.</u>		23c. DATE SIGNED <u>6/5/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/6/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>6-5-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>AYRE-GOODWIN FUN'L SERVICE, Sogf</u>			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Harry A. [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 4594

P. O. Address Springfield, M.

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

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