

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

FILED SEP 28 1953

STANDARD CERTIFICATE OF DEATH

31158

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 309

1. PLACE OF DEATH a. COUNTY <u>Calloway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>LaFayette</u>	
b. CITY OR TOWN <u>Fulton</u>	c. LENGTH OF STAY (In this place) <u>11 days</u>	c. CITY OR TOWN <u>Odessa</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp Mo</u>		e. STREET ADDRESS (If rural, give location) <u>0540</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>NANCY</u>	b. (Middle) <u>KATHRINE</u>	c. (Last) <u>ABBOTT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 21, 1953</u>
----------------------------------------	-------------------------	-----------------------------	-------------------------	------------------------------------------------------------------

5. SEX <u>f</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 4 1868</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
-----------------	-------------------------------	-----------------------------------------------------------------------	------------------------------------	-------------------------------------------	---------------------------------------------------	------------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTH PLACE (City and State or Foreign Country) <u>California Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>America</u>
--------------------------------------------------------------------------------------------------------------	-----------------------------------------------	--------------------------------------------------------------------------	---------------------------------------------

13a. FATHER'S NAME <u>Greenby Hill</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Sealing</u>	14. NAME OF HUSBAND OR WIFE <u>OK</u>
----------------------------------------	------------------------------------------------	---------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>OK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital</u>	ADDRESS <u>Fulton Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ 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 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) <u>260 X</u>
------------------------------------------	------------------------------------------------------------------------------------------	-----------------------------------------------------------------

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 Sept 10, 1953, to Sept 21, 1953, that I last saw the deceased alive on 9-21, 1953, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E C Kepler</u>	23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>9/21/53</u>
----------------------------------------------------	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT 23/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>O. PESSA Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Odessa Mo</u>
---------------------------------------------------------	-----------------------------	-------------------------------------------------------------	----------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>Sept 26-1953</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marvin F. ...</u>	ADDRESS <u>Fulton Mo</u>
----------------------------------------------	------------------------------------------------------------	-------------------------------------------------------	--------------------------

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision:.

Student.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 3.....  
P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.**  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.