

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38622**

FILED NOV 23 1953

BIRTH NO. _____ REG. DIST. NO. **88** PRIMARY REG. DIST. NO. **4151** Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY STEELEVILLE MO CRAWFORD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Crawford	
b. CITY OR TOWN STEELEVILLE MO	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Steelville MO	d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLMA	b. (Middle) GEAN	c. (Last) ABRAMS	4. DATE OF DEATH (Month) (Day) (Year) Oct 19 1963
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept-29-1903	9. AGE (In years last birthday) 70	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 Hrs. Hours	# UNDER 1 Mins. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) DILLARD MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME DENNEY, SELLERS	13b. MOTHER'S MAIDEN NAME EFFIE L. CALLAHAN	14. NAME OF HUSBAND OR WIFE CHARLES C. ABRAMS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 220 11 220	17. INFORMANT'S SIGNATURE OR NAME CHARLES P. ABRAMS	ADDRESS STEELEVILLE
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) My Truck & Car 1953 Ford Truck 1941 Ford Car		
	ANTECEDENT CAUSES (b) Can't think of one		
	Morbidity conditions, if any, giving rise to the above cause (c) stating the underlying cause last. Fading of function was a gradual accident		
	DUE TO (c) Caused by the car having air leak		
	II. OTHER SIGNIFICANT CONDITIONS (d) of truck.		
	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Lacerations of the foot & throat.	19c. BY AUTHORITY (Yes) <input type="checkbox"/> (No) <input type="checkbox"/>
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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Harry M. Jones, Registrar	(Degree or title)	23b. ADDRESS Steelville MO	23c. DATE SIGNED Oct 20-63
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Oct 20-1963	24c. NAME OF CEMETERY OR CREMATORY Maple Home	24d. LOCATION (City, town, or county) (State) Dillard MO
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DATE REC'D BY LOCAL REG. 11-20-53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Steelville MO
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(Licensed Embalmer's Statement on Reverse Side) **Steelville MO**

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

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 _____

Henry M. Jones

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Henry M. Jones

Licensed Embalmer No. 3638

P. O. Address _____

Stedley M.

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.