

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

**42094**

State File No. ....

**FILED DEC 21 1953**

BIRTH NO. ....		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1286</u>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>2711 Frederick Ave</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jon</b>		b. (Middle) <b>Samuel</b>		c. (Last) <b>Abramson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>December 8, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>Jan. 17, 1951</b>		9. AGE (In years last birthday) <b>2</b> If UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>same</b>		11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Abramson</b>		13b. MOTHER'S MAIDEN NAME <b>Marcia Braun</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>John Abramson</b>		ADDRESS <b>St. Joseph, Mo.</b>	
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.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Leukemia, lymphatic, subacute</b>  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.  INTERVAL BETWEEN ONSET AND DEATH <b>11 mos.</b>							
19a. DATE OF OPERATION <b>4-3</b>		19b. MAJOR FINDINGS OF OPERATION <b>2040</b>				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) 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>1/9</u> <sup>1953</sup> to <u>12/8</u> <sup>1953</sup> , that I last saw the deceased alive on <u>12/8</u> <sup>1953</sup> , and that death occurred at <u>8:00P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Charles J. Shuck</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>902 Edward St. City</b>		23c. DATE SIGNED <b>12/10/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 10, 1953.</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Adath Joseph Cemetery</b>		24d. LOCATION (City, town, & county). (State) <b>St. Joseph, Missouri.</b>	
DATE REC'D BY LOCAL REG. <b>Dec 15, 1953</b>		REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Meierhoffer &amp; Beeman, Inc.</b>		ADDRESS <b>St. Joseph, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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 Ellard C. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.