

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 351

FILED JAN 21 1954

BIRTH NO.

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 3007

Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>MO.</b> b. COUNTY <b>WAYNE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>POPLAR BLUFF</b>		c. LENGTH OF STAY (in this place) <b>1 DAY</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PIEDMONT</b>		d. STREET ADDRESS (If rural, give location) <b>CHIC 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>POPLAR BLUFF HOSP.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ROBERT</b> b. (Middle) <b>ALEXANDER</b> c. (Last) <b>ABRAMS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 2 1954</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MAY 9, 1879</b>
9. AGE (In years last birthday) <b>74</b>		10. MONTHS <b>7</b>	11. DAYS <b>23</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LUMBER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LUMBER</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>PIEDMONT, MO</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>JOHN W. ABRAMS</b>		13b. MOTHER'S MAIDEN NAME <b>VIRGINIA MEADOR</b>	14. NAME OF HUSBAND OR WIFE <b>LULA MOSS</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Nittie Leon Brudish Withell</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malnutrition</b> ANTECEDENT CAUSES <b>Prostatic Hypertrophy</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prostatic Hypertrophy</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 <b>610X</b>	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) (Min)	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 <b>1-1</b> , 1954, to <b>1-2</b> , 1954, that I last saw the deceased alive on <b>1-2</b> , 1954, and that death occurred at <b>1:10A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Dr. M. J. Conroy M.D.</b>		23b. ADDRESS <b>Poplar Bluff, Mo</b>	23c. DATE SIGNED <b>1-5-54</b>
24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN 4 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WILLIAMSVILLE</b>	24d. LOCATION (City, town, or county) (State) <b>WILLIAMSVILLE MO.</b>
DATE REC'D BY LOCAL REG. <b>1/14/54</b>	REGISTRAR'S SIGNATURE <b>R. H. M. Withell</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas W. Withell Piedmont, Mo</b>	

RECEIVED  
JAN 18 1954

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 \_\_\_\_\_

*Me*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *Marvin E. Bowles*

Licensed Embalmer No. *40626*

P. O. Address *Piedmont, 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.