No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2355

BIRTH NO. FILED JAN 28 1954 REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5981 Registrar's No. 13

.840 / 1

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fair Play, (Rural)
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Polk 0840
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fair Play, (Rural) 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Nancy
b. (Middle): H.
c. (Last): Abbott

4. DATE OF DEATH (Month) (Day) (Year): Jan. 11 1954

5. SEX: female 1

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Dec. 2 1869

9. AGE (In years last birthday): 84
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Cedar County, Mo. 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wilson Erwin

13b. MOTHER'S MAIDEN NAME: Hazzey Mc Vey

14. NAME OF HUSBAND OR WIFE: Tom Abbott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Rue Butler
ADDRESS: Humansville, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: (a) 1/4

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) chronic myocarditis
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: 4222
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 4, 1954 *to* Jan 11, 1954, *that I last saw the deceased alive on* Jan 10, 1954, *and that death occurred at* 1:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: D C McClain MD (Degree or title)
23b. ADDRESS: Bolivar Mo
23c. DATE SIGNED: 1/22/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 14-54
24c. NAME OF CEMETERY OR CREMATORY: Bethel Cemetery
24d. LOCATION (City, town, or county) (State): Fair Play, Mo.

DATE REC'D BY LOCAL REG.: 1-23-54
REGISTRAR'S SIGNATURE: Ralph Gordon 258 (A)
25. FUNERAL DIRECTOR'S SIGNATURE: Barton-Erwin-Blue
ADDRESS: Fair Play, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 4154

P. O. Address Bolivar, 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.