

FILED JUN 4 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17608

BIRTH NO.		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 68	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		10050	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>313 Kendall</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Addie</u>		b. (Middle) <u>O.</u>		c. (Last) <u>Abell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 9 1954</u>	
5. SEX <u>F.m.</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Deceased</u>		8. DATE OF BIRTH <u>Feb 23, 1880</u>	
9. AGE (in years, months, days) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and State or Foreign Country) <u>Wipaw, Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>C.C. Hardwick</u>		13b. MOTHER'S MAIDEN NAME <u>Adalene Henson</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Roy C. Marshall Sikeston, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>443X</u>				20. AUTOPSY? YES <input 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) (Min) <u>1-3</u>		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>7/24/50</u> , 19 <u>50</u> , to <u>9-May</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1-May</u> , 19 <u>54</u> , and that death occurred at <u>11:30 Pm</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H.P. Thymon</u>				23b. ADDRESS <u>Sikeston, Mo</u>		23c. DATE SIGNED <u>11-May-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 11, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Garden of Memories</u>		24d. LOCATION (City, town, or county) (State) <u>Sikeston, Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-27-54</u>		REGISTRAR'S SIGNATURE <u>Mrs Ella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Orville Taylor</u>		ADDRESS <u>Sikeston, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED JUN 1 1954

SCOTT CO. HEALTH DEPT.

CO. FILE No. 654-303 106

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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

*Tris S. Marshale*

Licensed Embalmer No.

*4601*

P. O. Address

*Likeston 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.