S. No. 300
v. 10.48

FILED JUL 7 1954

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

State File No. 17871

BIRTH NO. _____ REG. DIST. NO. 17 PRIMARY REG. DIST. NO. 3045 Registrar's No. 61

007

**1. PLACE OF DEATH**
a. COUNTY: Bates
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Butler, Mo.
c. LENGTH OF STAY (in this place): 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Butler Memorial Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Bates
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - West Point
d. STREET ADDRESS (If rural, give location): 3 mi. east Amsterdam, Mo.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Grover
b. (Middle): Albert
c. (Last): Abnot

**4. DATE OF DEATH** (Month) (Day) (Year): 6 - 27 - 54

5. SEX: M
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11 - 8 - 1884
9. AGE (In years last birthday): 69 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: James S. Abnot
13b. MOTHER'S MAIDEN NAME: Josephine Breckinridge
14. NAME OF HUSBAND OR WIFE: Olive Abnot
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: Kenneth Abnot — ADDRESS: Amsterdam Mo.

**MEDICAL CERTIFICATION**

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: short

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Diabetes and
DUE TO (c): Arteriosclerosis

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: 260 X
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* June 9, 1954, *to* June 26, 1954, *that I last saw the deceased alive on* June 26, 1954, *and that death occurred at* 11:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: E. E. Robinson (Degree or title) M.D.
23b. ADDRESS: Adrian, Mo.
23c. DATE SIGNED: 6-29-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6 - 30 - 54
24c. NAME OF CEMETERY OR CREMATORY: Scott Cemetery
24d. LOCATION (City, town, or county) (State): Bates Co. Mo.

DATE REC'D BY LOCAL REG.: 7-7-54
REGISTRAR'S SIGNATURE: Kendall Kenny
25. FUNERAL DIRECTOR'S SIGNATURE: Archer & Mangold — ADDRESS: Amsterdam Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Robert L. Mangold Student Embalmer No. 504 working under my personal supervision.

Student Robert L. Mangold
Student Embalmer

Signed Ward G. Runyan

Licensed Embalmer No. 3227

P. O. Address Fowlsburg Kansas

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.