

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 34899

FILED NOV 15 1954

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4423 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>PLATTE County</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weston</u> <u>Weston</u> c. LENGTH OF STAY (in this place) <u>2 DAYS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HERNDON NURSING HOME Weston, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>PLATTE</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PLATTE City RURAL</u> d. STREET ADDRESS (If rural, give location) <u>0520</u>	
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3. NAME OF DECEASED (Type or Print) <u>JELIA HERNDON Abbott</u> a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 4 1954</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>UNKNOWN "Around 90"</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (State or foreign country) <u>PLATTE County, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>SETH. W. HERNDON</u>	13b. MOTHER'S MAIDEN NAME <u>Augusta Skatridge</u>	14. NAME OF HUSBAND OR WIFE <u>C. C. Abbott</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>COBURN HERNDON, Weston, 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.		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis, origin undetermined</u>		<u>14 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mesenteric thrombosis ????</u>		<u>14 days</u>
DUE TO (c) <u>Cardio vascular disease</u>		<u>10 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile degeneration</u>		<u>10 yrs</u>

19a. DATE OF OPERATION <u>XXX</u>	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXX</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXX</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXXX</u> m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE WORKING ☒
21f. HOW DID INJURY OCCUR? <u>XXXXXXXXXX</u>	

22. I hereby certify that I attended the deceased from NOV 3, 1954, to Nov. 4, 1954, that I last saw the deceased alive on Nov. 4, 1954, and that death occurred at 10 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Louis P. Colver M.D.</u>	23b. ADDRESS <u>Weston, Missouri</u>	23c. DATE SIGNED <u>11/6/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-6-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PLATTE City CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>PLATTE City, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rollins - Mitchell FUNERAL HOME</u>
DATE REC'D BY LOCAL REG. <u>Nov 6-54</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

10-4
05304

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 Roland M. Giffey

Licensed Embalmer No. 4725

P. O. Address Platte City, 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.