

FILED APR 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

7731

BIRTH NO. <u>86340-54</u>		REG. DIST. NO. <u>103</u>		PRIMARY REG. DIST. NO. <u>4175</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Hammersville</u>		c. LENGTH OF STAY (in this place) <u>4 months</u>		c. CITY OR TOWN <u>Hammersville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>960</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BETTIE</u> b. (Middle) <u>GALE</u> c. (Last) <u>ABBOTT</u>				4. DATE OF DEATH (Month) <u>3</u> (Day) <u>26</u> (Year) <u>1955</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>11/24/1954</u>	
9. AGE (In years last birthday) <u>4</u>		10. UNDER 1 YEAR Months <u>4</u> Days <u>2</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hammersville Mo. Dunklin Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME <u>Wayne Abbott</u>				13b. MOTHER'S MAIDEN NAME <u>Helen Wilson</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wayne Abbott</u> ADDRESS <u>Hammersville 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.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>asphyxia</u>  ANTECEDENT CAUSES <u>suffocation</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>E9240</u> Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
19a. DATE OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT <u>SUICIDE</u> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hammersville Dunklin Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 26 55 9</u> m.	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Injury was suffered while asleep</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:4</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R L Palensche M.D.</u> (Degree or title)				23b. ADDRESS <u>Hammersville Mo.</u>		23c. DATE SIGNED <u>3/26/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>3/27/1955 Hammersville</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Hammersville</u>		24d. LOCATION (City, town, or county) (State) <u>Hammersville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-29-55</u>		REGISTRAR'S SIGNATURE <u>Bertha Kinschling</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James Harro</u> ADDRESS <u>Ark</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT ..... 4-5-55 .....

COUNTY FILE NUMBER 4-55-103

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.