

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12788

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 267 | | PRIMARY REG. DIST. NO. 3049 | | Registrar's No. 75 | |
| 1. PLACE OF DEATH a. COUNTY <u>Remick</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Remick</u> | | | |
| b. CITY OR TOWN <u>Hoyti</u> | | | | c. CITY OR TOWN <u>Hoyti 0780</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Shirley Clinic</u> | | | | f. STREET ADDRESS (If rural, give location) <u>Rural 10 miles NW of Hoyti</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>Malord</u> c. (Last) <u>ABRAHAM</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>4 8 55</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Col.</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unm.</u> | | 8. DATE OF BIRTH <u>7-15-1953</u> | |
| 9. AGE (In years last birthday) <u>2</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Hoyti, Mo. 0</u> | |
| 13a. FATHER'S NAME <u>Tim McCoy</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>ANNIE LAURA ABRAHAM</u> | | 14. NAME OF HUSBAND OR WIFE <u>USA</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Solomon Abraham</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>Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>+</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 21. ACCIDENT SUICIDE HOMICIDE (Specify) | | | |
| 21a. DATE OF OPERATION | | 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) (Minute) | | 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>4-7-</u> , 19 <u>55</u> , to <u>4-8-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4-7-</u> , 19 <u>55</u> , and that death occurred at <u>10 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>Shirley Clinic Hoyti, Mo. 4-9-55</u> | | 23c. DATE SIGNED | |
| 24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5/10/55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Canada Switch Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Rural - Hoyti Mo.</u> | |
| DATE REC'D BY LOCAL REG <u>4-11-55</u> | | REGISTRAR'S SIGNATURE <u>John W. Gorman</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>T. J. Smith</u> | | ADDRESS <u>Hoyti, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

4-130-55

APR 22 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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. 262

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.