

FILED JUL 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21005

State File No.

BIRTH NO. REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY BARRY 0051		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BARRY 0050	
b. CITY (If outside corporate limits, write RURAL and give township) Phonex		c. CITY OR TOWN Seligman	
c. LENGTH OF STAY (In this place) 6 Days		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's Hospital			
e. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print) a. (First) Austin	b. (Middle) A	c. (Last) ABBOTT	4. DATE OF DEATH (Month) (Day) (Year) JULY 13, 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec. 12, 1890	9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, or last retired) Cap. Okla. State	10b. KIND OF BUSINESS OR INDUSTRY Retiree	11. BIRTHPLACE (City and State or Foreign Country) SPARTA, MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm ABBOTT	13b. MOTHER'S MAIDEN NAME MARY MONGER	14. NAME OF HUSBAND OR WIFE OMA
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Louise Walker Seligman	ADDRESS Seligman
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary atherosclerosis	INTERVAL BETWEEN ONSET AND DEATH 2 yrs
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ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)
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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 4201	20. AUTOPSY? YES ☐ NO ☒
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 1, 1952** to **July 13, 1955**, that I last saw the deceased alive on **July 12, 1955**, and that death occurred at **11:55 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Frank R. M.D.	(Degree or title)	23b. ADDRESS Monett, Mo.	23c. DATE SIGNED 7-15-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 15, 1955	24c. NAME OF CEMETERY OR CREMATORY Seligman Cemetery	24d. LOCATION (City, town, or county) (State) Seligman, MO
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DATE REC'D BY LOCAL REG. 7-18-55	REGISTRAR'S SIGNATURE Mrs. P. N. Cook	25. FUNERAL DIRECTOR'S SIGNATURE Davis-Williamson	ADDRESS Cassville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 755-296

DATE REC. 7-27-55

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 Myself, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed Raymond A Davis

Licensed Embalmer No. 342

P. O. Address Cassville

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.