

FILED AUG 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27031**BIRTH NO. _____ REG. DIST. NO. **211** PRIMARY REG. DIST. NO. **4324** Registrar's No. **23-55**

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY OR TOWN Tuscumbia		c. CITY OR TOWN Tuscumbia	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Humphreys Osteopathic			
e. STREET ADDRESS (If rural, give location) 0660			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Bertha	b. (Middle) AMELIA	c. (Last) Abbett	(Month) Aug.	(Day) 12	(Year) 1955

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 4, 1886	9. AGE (In years last birthday) 68	UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
----------------------	-------------------------------	---	--------------------------------------	---	------------------------	--------------------------	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) French Village, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
--	-----------------------------------	--	---

13a. FATHER'S NAME August Bartolomey	13b. MOTHER'S MAIDEN NAME Adeline	14. NAME OF HUSBAND OR WIFE Charles M. Abbett
---	--	--

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 Chas. M. Abbett	ADDRESS Tuscumbia
--	-------------------------------------	--	--------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LEUKEMIA		6 MONTHS
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) CHRONIC NEPHRITIS	YEARS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

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 <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 _____, 19**52**, to **Aug. 11, 1955**, that I last saw the deceased alive on **Aug. 11, 1955**, and that death occurred at **1:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE R. S. Humphreys, D.O.	(Degree or title)	23b. ADDRESS Tuscumbia, Mo.	23c. DATE SIGNED 8-16-1955
---	-------------------	------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 15, 1955	24c. NAME OF CEMETERY OR CREMATORY Tuscumbia	24d. LOCATION (City, town, or county) (State) Tuscumbia, Mo.
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. 8/17/55	REGISTRAR'S SIGNATURE Mrs. A. E. Kallenbach	391	25. FUNERAL DIRECTOR'S SIGNATURE Louis A. Phillips	ADDRESS Adelphi
---	--	-----	---	------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECORDED

AUG 18 1928

FEB 9 1928

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 *Louis A. Hellingia*
Licensed Embalmer No. *26*

P. O. Address *Lead*

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.