

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14163

FILED MAY 8 1956

State File No.

BIRTH NO.		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>3049</u>		Registrar's No. <u>90</u>	
1. PLACE OF DEATH a. COUNTY <u>Remisscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Remisscot</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Hayti</u>		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home</u>				e. STREET ADDRESS (If rural, give location) <u>Hayti MO 07810</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wm</u>		b. (Middle) <u>Osara</u>		c. (Last) <u>Abbott</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-13-56</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Black</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>11-7-1895</u>	
9. AGE (In years last birthday) <u>60</u>		10. MONTHS <u>5</u>		11. DAYS <u>6</u>		12. IF UNDER 1 YEAR Hours <u>6</u> Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) <u>Jupelo Miss</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Frank Abbott</u>				13b. MOTHER'S MAIDEN NAME <u>Ida ?</u>			
14. NAME OF HUSBAND OR WIFE <u>Robert Robinson</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 ADDRESS <u>Robert Robinson</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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ 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			
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 <u>4-12</u> , 19 <u>56</u> , to <u>4-12</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4-12</u> , 19 <u>56</u> , and that death occurred at <u>5 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>C.D. K. ...</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Hayti Mo</u>			
23c. DATE SIGNED <u>4-16-56</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>Apr 16, 1956</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Caland Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Portageville Mo</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Deblis Funeral Parlor - Portageville Mo</u>			
DATE REC'D BY LOCAL REG. <u>5-3-56</u>				REGISTRAR'S SIGNATURE <u>John H. Gorman</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

5-120-56

MAY 7 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.....
Joseph A. DeFina

Licensed Embalmer No. 448

P. O. Address.....
Caruthersville

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.