

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16224

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 9999

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON 3618</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>29 YEARS</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 <u>4029 CHESTNUT AVENUE</u>			
e. STREET ADDRESS (If rural, give location) <u>4029 CHESTNUT AVENUE</u>			

3. NAME OF DECEASED a. (First) <u>AGNES</u> b. (Middle) <u>JEWELL</u> c. (Last) <u>ABINGTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 30 1956</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 29, 1898</u>	9. AGE (In years last birthday) <u>58</u>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 1 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work or business, or profession, or occupation, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SOME CO.</u>		11. BIRTHPLACE (City and State, or Foreign Country) <u>POST OAK, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>JOHN S. WALKER</u>		13b. MOTHER'S MAIDEN NAME <u>IDA M. WHITAKER</u>		14. NAME OF HUSBAND, OR WIFE <u>DON L. ABINGTON</u>	
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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) <u>NO</u>		16. SOCIAL SECURITY NO. <u>496-05-2360</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs DON L. ABINGTON</u>		ADDRESS <u>4029 CHESTNUT ST. K.C. Mo.</u>	
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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, asthma, 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) <u>auricular fibrillation</u>		ANTECEDENT CAUSES				<u>1949</u>	
DUE TO (b) <u>Coronary arteriosclerosis</u>		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>1949</u>	
DUE TO (c) <u>acute rheumatic fever</u>						<u>1904</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial infarction & stenosis</u>				<u>1944</u>	
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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Dec 8, 1942, to April 30, 1956, that I last saw the deceased alive on April 18, 1956, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. B. Willis</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>1103 Grand Ave</u>		23c. DATE SIGNED <u>5/1/56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 5 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>5-3-56 neva minshall</u>		REGISTRAR'S SIGNATURE <u>D.W. Newcomer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>1331 Grand Ave</u>		ADDRESS <u>1331 Grand Ave</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Robert Ray

Licensed Embalmer No. 418

P. O. Address K. C., Mo.

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.