

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE **20131**

FILED JUL 9 1956

36057-56 Registration District No. **128** Primary Registration District No. **2000** Registrar's No. **563-A**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Purdy	
c. FULL NAME OF (If NOT in hospital, give location) Hospital OR INSTITUTION Burge Hospital		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb Approx 32 hrs		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Robert Anthony Abromovitz			4. DATE OF DEATH Month June Day 21 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 21, 1956		9. AGE (In years last birthday) 32
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Purdy, Missouri	
13. FATHER'S NAME Edmond Abromovitz			14. MOTHER'S MAIDEN NAME Rose Ann Miller		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Edmond Abromovitz, Purdy, Missouri	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PREMATURITY.				INTERVAL BETWEEN ONSET AND DEATH 32 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from 6-20-56 to 6-21-56 and last saw her alive on 6-21-56 Death occurred at 8:17 p m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Paul Busiet M.D.		22b. ADDRESS Springfield, Mo		22c. DATE SIGNED 6/25/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem-Burial		23b. DATE 7-2-56		23c. NAME OF CEMETERY OR CREMATORY Monett, Missouri	

24. FUNERAL DIRECTOR Bennett & Worthington		25. DATE RECD. BY LOCAL REG. 7-2-56		26. REGISTRAR'S SIGNATURE Edith Williams	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.