

FILED OCT 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33058**

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>5041</u>		Registrar's No. <u>71</u>	
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Barry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Flatcreek)		c. LENGTH OF STAY (in this place) STAY		c. CITY OR TOWN Butterfield		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hyw. 37 north of Cassville				e. STREET ADDRESS (If rural, give location) 205 E			
3. NAME OF DECEASED (Type or Print) WILLIAM		a. (First) VIRGIL		c. (Last) ABRAM		4. DATE OF DEATH (Month) (Day) (Year) Oct. 14, 1956	
5. SEX ☒ male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Jan. 30, 1939	
9. AGE (In years last birthday) 17		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Mins.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri			
13a. FATHER'S NAME Cecil L. Abram		13b. MOTHER'S MAIDEN NAME Ruth Savage		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY (If yes, give war or dates of service) 500-40-8610		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ruth Abram-Butterfield, Missouri			
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) Multiple injuries to head ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. — 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.				INTERVAL BETWEEN ONSET AND DEATH Inst.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Flatcreek Twp. Barry Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-14-56 1 A.M.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? thrown from overturning car in one car accident			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased deceased on 10-14 , 19 56 , and that death occurred at 1 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paul D. Henbest Coroner		23b. ADDRESS Cassville, Missouri		23c. DATE SIGNED 10-16-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-17-1956		24c. NAME OF CEMETERY OR CREMATORY Mt Pleasant Cemetery		24d. LOCATION (City, town, or county) (State) Barry County, Missouri	
DATE REC'D BY LOCAL REG. 10-19-56		REGISTRAR'S SIGNATURE Grace Williams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Culver's Funeral Home-Cassville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

PARTY NO. 1056-177 UNIT

NO. 1056-177

DATE 10-23-56

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 *Paul D. Hendrick*.....

Licensed Embalmer No. 457

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.