

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **40804**

FILED DEC 17 1956

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 42	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Cape Girardeau		a. STATE Missouri		b. COUNTY Cape Girardeau		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (In this place) 10 days		c. CITY OR TOWN Cape Girardeau		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION 520 S. Spring (Rest Home)				e. STREET ADDRESS (If rural, give location) 801 N. Main			
3. NAME OF DECEASED (Type or Print)		a. (First) Augusta		b. (Middle) _____		c. (Last) Abrams	
4. DATE OF DEATH		(Month) Dec		(Day) 7		(Year) 1956	
5. SEX Female		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 29 1873	
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown Taylor		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Henry			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME H.C. Abrams		2023 N. Main Little Rock Ark.	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cardio-vascular disease				2-3 years	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				5-10 yrs	
		DUE TO (b) Hypertension				unknown	
		DUE TO (c) nephritis					
		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 ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 5, 1956 , to Dec 7, 1956 , that I last saw the deceased alive on Dec 6, 1956 , and that death occurred at 3:35 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) George W. England DO		23b. ADDRESS 46 N Main Cape Girardeau Mo		23c. DATE SIGNED Dec 12, 1956			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/9/56		24c. NAME OF CEMETERY OR CREMATORY Lorimer Cem		24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo	
DATE REC'D BY LOCAL REG. 12-13-56		REGISTRAR'S SIGNATURE G. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Ford & Sons		ADDRESS Cape Girardeau Mo	

(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 *William E. Finner*

Licensed Embalmer No. 473

P. O. Address *Cape Girardeau*

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.