

FILED DEC 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40860**

BIRTH NO. _____		REG. DIST. NO. 60		PRIMARY REG. DIST. NO. 4106		Registrar's No. 61	
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jerico spr.		c. LENGTH OF STAY (in this place) 5 yr		c. CITY OR TOWN Jerico spr.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 0200			
3. NAME OF DECEASED (Type or Print) PLINY-KEEN-ABBOTT				4. DATE OF DEATH (Month) (Day) (Year) 11-22-1956			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 3-29-1870	
9. AGE (In years last birthday) 86		10. MONTHS 7		11. DAYS 23		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY builder		11. BIRTHPLACE (City and State or Foreign Country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME LEMUEL-K-ABBOTT		13b. MOTHER'S MAIDEN NAME KEEN		14. NAME OF HUSBAND OR WIFE Frances Abbott			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 520-12-9308		17. INFORMANT'S SIGNATURE OR NAME Thanda Wangha, Jerico spr.			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolism of Coronary Artery ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. *DUE TO (b) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201		19. 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) (Minute)	
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 11-22-56 , to 11-22-56 , that I last saw the deceased alive on 11-22-56 , and the death occurred at 3:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Annister MD		23b. ADDRESS Jerico Spr.		23c. DATE SIGNED 11-22-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11-24-56		24c. NAME OF CEMETERY OR CREMATORY Anna Edna, Cpn		24d. LOCATION (City, town, or county) (State) 2 S.E. Jerico spr. Mo	
DATE REC'D BY LOCAL REG 12-2-56		REGISTRAR'S SIGNATURE Norma Timmerman		25. FUNERAL DIRECTOR'S SIGNATURE R. Long, Jerico spr. 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.....
Signature of Licensed Embalmer

Licensed Embalmer No. 3714

P. O. Address.....
Address

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.