

FILED DEC 23 1957

STANDARD CERTIFICATE OF DEATH

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 456

S. 300
v. 1-57

0101

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|--|------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Boone | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia | | c. CITY OR TOWN Columbia | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 1503 E. Broadway INSTITUTION | | d. STREET ADDRESS 1503 E. Broadway | |
| 3. NAME OF DECEASED (Type or print) First CASSIE Middle ABBOTT Last | | 4. DATE OF DEATH Dec. 13, 1957 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH August 31, 1891 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 11. BIRTHPLACE (City and state or country) Boone County, Missouri | |
| 13a. FATHER'S NAME John T. Dailey | | 14. NAME OF HUSBAND OR WIFE John Charles Abbott | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 17. INFORMANT Address Mrs. Thomas McHarg, Columbia, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X | | | INTERVAL BETWEEN ONSET AND DEATH Unknown |
| 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 Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21. I attended the deceased from Death occurred at 3-11-57 to 12-13-57 and last saw her alive on 2-16-57 | | 22a. SIGNATURE (Degree or title) R. P. Ladeuon MD | |
| 22b. ADDRESS Columbia Mo | | 22c. DATE SIGNED 12-13-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 12-15-1957 | |
| 23c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery | | 23d. LOCATION (City, town, or county) (State) Columbia, Missouri | |
| 24. FUNERAL DIRECTOR ADDRESS Parker Funeral Service, Columbia, Mo. | | 25. DATE RECD. BY LOCAL REG. Dec 15 1957 | |
| | | 26. REGISTRAR'S SIGNATURE Mrs R. E. Palmer | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 

Licensed Embalmer No. 5810

P. O. Address Columbia, Md.

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.