

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006562

STATE FILE NUMBER

FILED MAR 11 1959

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 26

300
-57

1. PLACE OF DEATH a. COUNTY Peniscot			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Peniscot		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Section Wood Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hayti Memorial		Length of stay in 1b 3 days	d. STREET ADDRESS None		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type, of print) Ollie D. Abbott			4. DATE OF DEATH Feb. 14 1959		
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 June 7, 1882	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 26 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) Findley, Tenn.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Jess Alsop		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO. -	
17. INFORMANT Family		Address Caruthersville, 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) CONGESTIVE HEART FAILURE	
Conditions, if any, which gave rise to above cause (a), stating the under- lying 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 (a) -		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. INTERVAL BETWEEN ONSET AND DEATH SUD. DEATH	
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -			
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		20f. CITY, TOWN, OR LOCATION Hayti		COUNTY Periscot STATE Missouri	
21. I attended the deceased from Death occurred at Feb. 13, 1959, 8:00 A.M.		to Feb. 14, 1959		and last saw her alive on Feb. 14, 1959	
22a. SIGNATURE P. J. Aquino, M.D. (Degree or title)		22b. ADDRESS Caruthersville, Mo.		22c. DATE SIGNED 2-25-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 13, 1959		23c. NAME OF CEMETERY OR CREMATORY Little Prairie	
23d. LOCATION (City, town, or county) Caruthersville, Mo.		23e. DATE RECD. BY LOCAL REG. 2-25-59		23f. REGISTRAR'S SIGNATURE John W. Herman	
24. FUNERAL DIRECTOR LaForge M. Co. Caruthersville		ADDRESS Caruthersville		25. DATE RECD. BY LOCAL REG. 2-25-59	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All deaths in Part I must be causally related.

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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

Noel C. Dean

Licensed Embalmer No. *3941*

P. O. Address *Caruthersville*

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.