

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014452

STATE FILE NUMBER

FILED APR 21 1959 Registration District No. 291 Primary Registration District No. Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville		c. CITY OR TOWN Unionville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION city		d. STREET ADDRESS city	
3. NAME OF DECEASED (Type or print) First Middle Last William Raymond Abbott		4. DATE OF DEATH Month Day Year Apr. 14, 1959	
5. SEX M	6. COLOR OR RACE W	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Oct. 9, 1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired coal miner		10b. KIND OF BUSINESS OR INDUSTRY farmer	
11a. BIRTHPLACE (City and state or country) Putnam Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Riley Abbott		13b. MOTHER'S MAIDEN NAME Emma Casady	
14. NAME OF HUSBAND OR WIFE Lucy Abbott		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 488-22-9236		17. INFORMANT Address Lucy Abbott-Unionville, 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) <i>Tuberculosis of remaining lobe of right lung.</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>CO2X</i> DUE TO (c) <i>Had surgery for removal of mass of right lung 6 years ago.</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>6 years</i>
20a. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐		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 ☐ NOT WHILE ☐ AT WORK	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>June 4-58</i> to <i>4-14-59</i> and last saw him alive on <i>4-14-59</i> Death occurred at <i>5</i> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Chas L. Daddoo</i> (Degree or title)		22b. ADDRESS <i>Unionville Mo</i>	
22c. DATE SIGNED <i>4/15/59</i>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) B		23b. DATE Apr. 16, 59	
23c. NAME OF CEMETERY OR CREMATORY Unionville Cem.		23d. LOCATION (City, town, or county) Unionville, Mo.	
24. FUNERAL DIRECTOR F.O. Husted & Son-Unionville, Mo.		25. DATE RECD. BY LOCAL REG. 4-18-59	
26. REGISTRAR'S SIGNATURE <i>Marvell Durbin</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

P. O. 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.