

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022629

STATE FILE NUMBER

FILED JUN 18 1959

Registration District No. Primary Registration District No. Registrar's 5445

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR ST. LOUIS TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FIELDON Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES		Length of stay in lb 7 DAYS	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First GILBERT Middle MURKETT Last ABBOTT			4. DATE OF DEATH Month 6 Day 6 Year 59		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-20-1896	9. AGE (In years last birthday) 63 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) GREENE CO. ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ALBERT A. ABBOTT			14. MOTHER'S MAIDEN NAME ELIZABETH SEAGO		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If no, so, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 337-30-2007	17. INFORMANT Address LENA ABBOTT		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) uremia urinary tract carcinomatosis DUE TO (b) Urinary tract carcinomatosis inoperable ca of prostate DUE TO (c) Inoperable ca of the prostate		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 177X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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. 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 **5-31-59** to **6-6-59** and last saw ^{her}him alive on **6-6-59**
Death occurred at **10:00 P** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE S. Shaye, M.D. (Degree or title)	22b. ADDRESS St. Lukes Hospital	22c. DATE SIGNED 6-7-59
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23a. BORNE CREATION, REMOVAL (Specify)	23b. DATE 6-8-59	23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETARY	23d. LOCATION (City, town, or county) (State) JEFFERSONVILLE, ILL.
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24. FUNERAL DIRECTOR JACOBY - JEFFERSONVILLE, ILL.	25. DATE RECD. BY LOCAL REG. JUN 8 '59	26. REGISTRAR'S SIGNATURE Stan Smith, M.D.
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
300-1-56
2
J
S/20
3
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

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 *Hanna Crockett*.....

Licensed Embalmer No.

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING, 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.