

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024129

FILED VS JUN 29 1960

Registration District No. 291 Primary Registration District No. 5980 Registrar's No. 43 STATE FILE NUMBER

INDEXED

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 Rural-Elm Tmp.		Length of stay in lb 15 yrs		c. CITY OR TOWN Rural-Elm Tmp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Unionville			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Unionville		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Emma Emma F. Abbott				4. DATE OF DEATH Month June Day 23 Year 1960				
5. SEX F.	6. COLOR OR RACE W.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-30-86	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months 4 Days 13	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homework			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Putnam Co., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Samuel Cassady			13b. MOTHER'S MAIDEN NAME <i>Pamela Mullanic</i>			14. NAME OF HUSBAND OR WIFE G.R. 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. none		17. INFORMANT Address G.R. 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) Coronary - Thrombosis - acute Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) bronchial - Asthma DUE TO (c) Hypertension							INTERVAL BETWEEN ONSET AND DEATH 5 1/2	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. 	Month, Day, Year 							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 94 hr 2/60 to June 23, 60 and last saw her alive on June 23, 1960 Death occurred at 7:30 A.M. 6/23/60 on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>W. H. H. H. D.D.</i>				22b. ADDRESS Unionville, Mo.			22c. DATE SIGNED 6/23/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) B		23b. DATE 6-25-60	23c. NAME OF CEMETERY OR CREMATORY Shiplay Cem.		23d. LOCATION (City, town, or county) Putnam Co., Mo.		(State)	
24. FUNERAL DIRECTOR F.O. Husted & Son Unionville, Mo				25. DATE RECD. BY LOCAL REG. 6-25-60		26. REGISTRAR'S SIGNATURE <i>Marshall Durbin</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AS SEP 15 1960

DATE

DEPARTMENT

CITY

STATE

COUNTY

NAME OF DECEASED

AGE

SEX

DATE

DEPARTMENT

CITY

STATE

SEX

NAME OF DECEASED

AGE

SEX

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Murl E. Husted

Licensed Embalmer No. 5304

P. O. Address Unionville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.