

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025623

FILED VS JUN 27 1960

Registration District No. 377 Primary Registration District No. 4553 Registrar's No. 17

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY WRIGHT				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WRIGHT			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MANSfield		Length of stay in 1b 25 YEARS		c. CITY OR TOWN MANSfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) —		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First THOMAS Middle EDGAR Last ABRAMS				4. DATE OF DEATH Month June Day 19 Year 1960			
5. SEX M		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 Dec 8 1908	
9. AGE (last birthday) 51		IF UNDER 1 YEAR Months — Days —		IF UNDER 24 HR Hours — Min. —			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONSIGNMENT Jobber		10b. KIND OF BUSINESS OR INDUSTRY Petroleum		11. BIRTHPLACE (City and state or country) YUKON MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ORAN ABRAMS		13b. MOTHER'S MAIDEN NAME EMMA DIXON		14. NAME OF HUSBAND OR WIFE Thelma			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW II		16. SOCIAL SECURITY NO. 443-05-6273		17. INFORMANT Thelma ABRAMS Address MANSfield 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 Occlusion DUE TO (b) — DUE TO (c) — Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 1 hour	
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
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 — 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 6-19-60 to 6-19-60 and last saw him alive on 6-19-60 Death occurred at 8:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE Herb Horthy, D.D. (Degree or title)			
22b. ADDRESS Hartsville Mo				22c. DATE SIGNED 6-21-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE June 22 1960		23c. NAME OF CEMETERY OR CREMATORY MANSfield		23d. LOCATION (City, town, or county) MANSfield MO	
24. FUNERAL DIRECTOR Max & Miller		ADDRESS MANSfield Mo		25. DATE RECD. BY LOCAL REG. 6/22/60		26. REGISTRAR'S SIGNATURE Ann Ruching	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961-5 JUL 5 SA

JUL 6 1960

JUL 25 1960

DEC 20 1960

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 Max L Miller

Licensed Embalmer No. 4720

P. O. Address Monrovia

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.