MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 16 1960

-60-031448

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 81

1. PLACE OF DEATH
a. COUNTY: NEWTON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: NEOSHO
Length of stay in 1b: 50 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Sale Memorial Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Newton
c. CITY OR TOWN: Neosho
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 303 N. Wood
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First DELIA Middle ELLEN Last ABBOTT
4. DATE OF DEATH: Month August Day 1 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4/3/1873
9. AGE (last birthday): 87
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (City and state or country): Whitesville, Ky.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: James S. Goldsmith
13b. MOTHER'S MAIDEN NAME: Mary Monroe
14. NAME OF HUSBAND OR WIFE: Edgar Martin Abbott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Address: Mrs. Minnie Ducan, Neosho, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Nephritis, Chronic with Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying 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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 1955, to Aug 1, 1960 and last saw her alive on Aug 1, 1960
Death occurred at 4 P m m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Harold C. Linton M.D.
22b. ADDRESS: Neosho. Mo.
22c. DATE SIGNED: 8-6-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 4, 1960
23c. NAME OF CEMETERY OR CREMATORY: Neosho I.O.O.F. Cemetery
23d. LOCATION (City, town, or county) (State): Neosho, Missouri
24. FUNERAL DIRECTOR ADDRESS: THOMPSON FUNERAL HOME, INC. Neosho, Mo.
25. DATE RECD. BY LOCAL REG.: 8/6/60
26. REGISTRAR'S SIGNATURE: Melvin C. Bowman, M.D. per R.H.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clyde M. Damron

Licensed Embalmer No. 506

P. O. Address Meeker

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