

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 26 1960

-60-035336

ENDED

Registration District No. 169 Primary Registration District No. _____ Registrar's No. _____

STATE FILE NUMBER

34

1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Newark</u>		Length of stay in 1b <u>life</u>		c. CITY OR TOWN <u>Newark</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			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 type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>FRANCES</u> Middle <u>VIRGINIA</u> Last <u>ABBETT</u>				4. DATE OF DEATH Month <u>Sept</u> Day <u>14</u> Year <u>1960</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>14 Oct 1886</u>	9. AGE (last birthday) <u>73</u>	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) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Newark, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Jasper Newton Freeman</u>			13b. MOTHER'S MAIDEN NAME <u>Anna M. White</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Morton Abbett</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>none</u>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mrs. Ruth Abbett Tiskilwa, Ill</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Insufiancy</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>3 years</u>	
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 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 <u>April 1957</u> to <u>Sept. 12, 1960</u> and last saw <u>her</u> alive on <u>Sept. 12, '60</u> Death occurred at <u>(10) ten pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deefer or title) <u>Kenneth Glover D.O.</u>				22b. ADDRESS <u>Newark, Missouri</u>		22c. DATE SIGNED <u>9/17/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>17 Sept '60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Newark Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Newark, Missouri</u>	
24. FUNERAL DIRECTOR <u>HUDSON-RIMER FUNERAL HOME Edina, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>Sept-19-60</u>		26. REGISTRAR'S SIGNATURE <u>J. H. H. H.</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

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 by

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed AGORimer

Licensed Embalmer No. 504

P. O. Address Edina,

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.