

# URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-046780

FILED VS JAN 5 1961 200

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>MACON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Miller</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>HUDSON</b>		Length of stay in 1b <b>10 DAYS</b>		c. CITY OR TOWN <b>Tusculumbia</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>STILL-HILDRETH</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" 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 <b>CHARLES</b> Middle <b>M.</b> Last <b>ABBETT</b>				4. DATE OF DEATH Month <b>12</b> Day <b>26</b> Year <b>60</b>			
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>Caucasian</b>		7. Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		8. DATE OF BIRTH <b>2-4-1888</b>	
9. AGE (last birthday) <b>72</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Probate Judge</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Tusculumbia, Mo.</b>		11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Eli Abbett</b>		13b. MOTHER'S MAIDEN NAME <b>Susie Foster</b>		14. NAME OF HUSBAND OR WIFE <b>Eliza Abbett</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>UN-AVAILABLE</b>		17. INFORMANT <b>MRS. C.M. Abbett</b>		Address <b>Tusculumbia</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MEDULLARY FAILURE</b> DUE TO (b) <b>CEREBRAL HEMORRHAGE</b> DUE TO (c) <b>ARTERIOSCLEROSIS</b> CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <b>2 DAYS</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>CHRONIC BRAIN SYNDROME ASSOCIATED WITH SENILE BRAIN DIS</b>							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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <b>DEC 16, 60</b> , to <b>DEC 26, 1960</b> and last saw him alive on <b>DEC 24, 1960</b> . Death occurred at <b>2:40 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Andrew T. Atte</b>				22b. ADDRESS <b>MACON MO</b>		22c. DATE SIGNED <b>12-26-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-28-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Tusculumbia</b>		23d. LOCATION (City, town, or county) (State) <b>Tusculumbia, Mo.</b>	
24. FUNERAL DIRECTOR <b>Phillips Funeral Home</b>				25. DATE RECD. BY LOCAL REG. <b>12/27/60</b>		26. REGISTRAR'S SIGNATURE <b>Keith M. Neely</b>	

(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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Marion, I

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.