

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009624
STATE FILE NUMBER

AMENDED

Registration District No. 179 Primary Registration District No. 5672 Registrar's No. 31
FILED MAR 27 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Burr Oak Township		Length of stay in 1b one hour	c. CITY OR TOWN Iron Goodland
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm of Clark Cox - home of Jack Langford		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 Middle Last William Wyatt Abbett			4. DATE OF DEATH Month Day Year Mar. 19, 1961
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8/13/91
9. AGE (last birthday) 70		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) farmer - retired		10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (City and state or country) Jamesboro, Tennessee
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME William Abbett	
13b. MOTHER'S MAIDEN NAME William Abbett Rabacca Allen		14. NAME OF HUSBAND OR WIFE Fay (nee Hartzell)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Norman Abbett - 7700 Shirley Dr. Clayton 5	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute myocarditis			INTERVAL BETWEEN ONSET AND DEATH 5 wks
DUE TO (b) generalized arterio-sclerosis			?
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) varicose veins and ulcers left leg			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 Month, Day, Year a.m. p.m.			
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 2-13-61 to 3-19-61 and last saw ^{her} him alive on 3-3-61 Death occurred at 11:00 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deputy or title) P. E. Harland, m. d.		22b. ADDRESS dronton, mo	22c. DATE SIGNED 3/20/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/22/61	23c. NAME OF CEMETERY OKC CEMETERY Laurel Hill	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc. - St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. 3-20-1961	26. REGISTRAR'S SIGNATURE Charlotte Leek

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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 *G. Galant*

Licensed Embalmer No. *4012*

P. O. Address *Elberry, Mo.*

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.