

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020676

STATE FILE NUMBER

AMENDED

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 1

FILED JUL 5 1961

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| 1. PLACE OF DEATH a. COUNTY <u>Cedar</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u> | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>El Dorado Springs</u> | | c. CITY OR TOWN <u>Humansville</u> | |
| Length of stay in 1b <u>5 days</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cedar co. Mem. Hosp.</u> | | d. STREET ADDRESS (if outside, give location) <u>Rt#3</u> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>Clara</u> Middle <u>Elizabeth</u> Last <u>Abbott</u> | | | 4. DATE OF DEATH Month <u>6</u> Day <u>26</u> Year <u>61</u> | | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</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>11-18-1879</u> | 9. AGE (last birthday) <u>81</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> |
| 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 <u>none</u> | | 11. BIRTHPLACE (City and state or country) <u>Linwood, Kansas</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Johnathen Mathews</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Retsinger</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>George Abbott</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT <u>Mrs. E.E. Olsen</u> | | Address <u>Humansville Mo.</u> | | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> |
| IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> | | Years |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Arteriosclerosis</u> | |
| | DUE TO (c) <u> </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 |

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| 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 <u> </u> Month, Day, Year <u> </u> | | | |
| 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>June 21, 1961</u> to <u>June 26, 1961</u> and last saw her <u> </u> alive on <u>June 26, 1961</u> Death occurred at <u>12:01</u> P <u> </u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |

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| 22a. SIGNATURE <u>Wm. C. Sundermuth D.O.</u> | | 22b. ADDRESS <u>El Dorado Springs, Missouri</u> | | 22c. DATE SIGNED <u>6/26/61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>6-26-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Lawrence, Kansas</u> | |
| 24. FUNERAL DIRECTOR <u>Beckwith Funeral Home</u> | | ADDRESS <u>Humansville, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>6-26-61</u> | 26. REGISTRAR'S SIGNATURE <u>Dave Gassiot</u> |

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Hemansville,

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.