

# MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-020904

AMENDED

DATE AWKWARD

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. <u>128</u>		Primary Registration District No. <u>2000</u>		Registrar's No. <u>560 A</u>		STATE FILE NUMBER	
<b>1. PLACE OF DEATH</b> a. COUNTY <u>GREENE</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield,</u>				Length of stay in 1b <u>12 days</u>		c. CITY OR TOWN <u>Bolivar</u>	
c. FULL NAME OF (If NOT in hospital, give location) Hospital INSTITUTION <u>DRS' MEMORIAL OSTEOPATHIC</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>205 West Olive</u>	
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>JANE</u> Last <u>ABEL</u>				4. DATE OF DEATH Month <u>June</u> Day <u>4,</u> Year <u>1961</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>9-16-1880</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>Bolivar, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S. A.</u>	
13a. FATHER'S NAME <u>John C. McKintosh</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Hartisty</u>		14. NAME OF HUSBAND OR WIFE <u>Isaac Abel - Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs. H.E. Borgstadt - 409 East Watertown, South Dakota</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>Inanition and Debilitation.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Thrombotic Encyshalomalacia.</u> DUE TO (c) <u>Arteriosclerosis.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> <u>Unknown</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Decompensated Cor Pulmonale</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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 <u>12</u> a.m. <u>00</u> p.m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>5-23-61</u> to <u>6-4-61</u> and last saw her alive on <u>6-3-61</u> Death occurred at <u>6-4-61</u> <u>1:50</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Eland E. Wick</u> (Degree or title)				22b. ADDRESS <u>700 E. Sunshine, Springfield, Mo.</u>		22c. DATE SIGNED <u>6-5-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6/6/61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt Olive Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>North East Bolivar, Mo</u>	
24. FUNERAL DIRECTOR <u>Butler Funeral Home - Bolivar, Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>6-12-61</u>		26. REGISTRAR'S SIGNATURE <u>Effie S. Mellen</u>	

**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 Paul D Butler

Licensed Embalmer No. 4471

P. O. Address Bolivar, 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.