

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025820

AMENDED

Registration District No.

173

Primary Registration District No.

3034

Registrar's No.

58

STATE FILE NUMBER

FILED AUG 9 1961

1. PLACE OF DEATH

a. COUNTY

Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Higginsville

Length of stay in 1b

2 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

1508 Walnut

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Lafayette

c. CITY
OR TOWN

Higginsville

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

1508 Walnut

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

MARTIN

Middle

ABRAHAM

Last

ABRAHAM

4. DATE
OF DEATH

Month

7

Day

26

Year

1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-7-1889

9. AGE (last birthday)

71

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)

10b. KIND OF BUSINESS OR INDUSTRY

Grain & Milling

11. BIRTHPLACE (City and state or country)

Osawatomie, Kans

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Jean Abrahams

13b. MOTHER'S MAIDEN NAME

Mary Ann Larsen

14. NAME OF HUSBAND OR WIFE

Clara Scott Abrahams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Albert Jones Newport, R. I.

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 myocardial infarction

DUE TO (b)

ASHD

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.INTERVAL BETWEEN
ONSET AND DEATH

30 min

10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in Part I (a)

pt had had 2 previous infarctions

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

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 ☐
NOT WHILE AT WORK ☐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 July 1960 to July 26, 1961 and last saw him alive on July 24th, 1961
Death occurred at 9 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

H.E. Fulkerson M.D.

22b. ADDRESS

Higginsville Mo

22c. DATE SIGNED

7-31-61

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

7-30-1961

23c. NAME OF CEMETERY OR CREMATORY

Pleasant Hill

23d. LOCATION (City, town, or county)

Pleasant Hill, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

G. Jackson Hader Higginsville, Mo.

25. DATE RECD. BY LOCAL REG.

Aug-2-1961

26. REGISTRAR'S SIGNATURE

Lutie Jordan Jordan

(Licensed Embalmer's Statement on Reverse Side)

AUG 17 1961

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 Forest R. Hooper

Licensed Embalmer No. 480I

P. O. Address Higginsville, 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.