

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043327

AMENDED

STATE FILE NUMBER

Registration District No. 337

Primary Registration District No.

Registrar's No. 76

FILED NOV 20 1961

1. PLACE OF DEATH a. COUNTY <u>SHELDY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SHELDY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>SHELDYVILLE, MO. 6 WEEKS</u>		c. CITY OR TOWN <u>SHELDYVILLE, MO.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PLEASANT HILL REST HOME</u>		d. STREET ADDRESS (If outside, give location) <u>PLEASANT HILL REST HOME</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>EMMA JANE ABBIER</u>		4. DATE OF DEATH Month Day Year <u>Nov 13 1961</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</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>12-26-1875</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>HOUSEWIFE</u>	
11. BIRTHPLACE (City and state or country) <u>SHELDY COUNTY, U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOSEPH JONES</u>		13b. MOTHER'S MAIDEN NAME <u>JANE BROWNING</u>	
14. NAME OF HUSBAND OR WIFE <u>JOHN ABBIER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>ETA CALVERT, SHELDYVILLE, MO.</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>hypostatic pneumonia</u> DUE TO (b) <u>Essential hypertension</u> DUE TO (c) <u>Atherosclerosis</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 type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
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 a.m. 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 <u>Nov 1, 1961</u> to <u>Nov 13, 1961</u> and last saw her <u>live on Nov 12, 1961</u> Death occurred at <u>Nov 12 6:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>W. Moulton, M.D.</u>	
22b. ADDRESS <u>Shelbyville, Mo.</u>		22c. DATE SIGNED <u>11-15-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>Nov 15, 1961</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>EMDEN BAPTIST CEMETERY</u>		23d. LOCATION (City, town, or county) <u>EMDEN MO.</u>	
24. FUNERAL DIRECTOR <u>GREENING</u>		25. DATE RECD. BY LOCAL REG. <u>11-17-61</u>	
26. REGISTRAR'S SIGNATURE <u>Ada Garrison</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 V. Greening

Licensed Embalmer No.

4625

P. O. Address

Clarence M.

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.