

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001083

STATE FILE NUMBER

AMENDED

Registration District No. 128Primary Registration District No. 200Registrar's No. 229

FILED FEB 23 1962

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 18 years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If outside, give location) Stockton	
3. NAME OF DECEASED (Type or print) First OPAL Middle F. Last ABBOTT		4. DATE OF DEATH Month February Day 7 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH September 4, 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher		10b. KIND OF BUSINESS OR INDUSTRY Public Schools	
11. BIRTHPLACE (City and state or country) Caplinger Mills, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Gilbert		13b. MOTHER'S MAIDEN NAME Elsie Davis	
14. NAME OF HUSBAND OR WIFE Loma S. Abbott		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	
16. SOCIAL SECURITY NO.		17. INFORMANT Loma S. Abbott	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma metastatic to brain DUE TO (b) Endogenous carcinoma DUE TO (c) 3 mo PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 5 wk 3 mo	
19. 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 ☐	
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 Springfield		COUNTY Missouri STATE Missouri	
21. I attended the deceased from 12/13/61 to 2/7/62 and last saw him alive on 2/7/62 Death occurred at 12 Noon on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Effie E. Melton	
22b. ADDRESS 609 Cherry - Springfield Mo		22c. DATE SIGNED 2/7/62	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 9, 1962	
23c. NAME OF CEMETERY OR CREMATORY Hazelwood		23d. LOCATION (City, town, or county) Springfield, Missouri	
24. FUNERAL DIRECTOR Gorman-Scharpf Funeral Home Springfield, Missouri		25. DATE RECD. BY LOCAL REG. 2-9-62	
26. REGISTRAR'S SIGNATURE Effie E. Melton			

(Licensed Embalmer's Statement on Reverse Side)

FEB 27 1962
MAR 16 1962

H. Schupp

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

Lewis Schupp

Licensed Embalmer No. 3802

P. O. Address Springfield

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.