

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019629

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 215 Primary Registration District No. 4327 Registrar's No. 7

STATE FILE NUMBER

VS 300  
Rev. 4/5906603660

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9420.1

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129-2133-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 7 1962

## 1. PLACE OF DEATH

a. COUNTY

Miller

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

Iberia

Length of stay in 1b  
Lifec. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Residence

Inside Limits  
Yes ☒ No ☐

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

a. STATE

Mo.

b. COUNTY

Miller

c. CITY  
OR TOWN

Iberia

Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

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

First

Anna

Middle

Abbett

Last

4. DATE  
OF DEATH

Month, Day Year

May

29

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-4-1883

9. AGE (last birthday)

78

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)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Iberia, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Charles Newhart

13b. MOTHER'S MAIDEN NAME

Eleanor Moore

14. NAME OF HUSBAND OR WIFE

Oliver Abbett

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

Oliver Abbett Iberia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN  
ONSET AND DEATH

24 hrs.

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

DUE TO (b)

Generalized arteriosclerosis

yes.

DUE TO (c)

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.☐ 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  
INJURYHour  
a.m.  
p.m.

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

COUNTY

STATE

21. I attended the deceased from

1942

to May 29 1962

and last saw her

alive on May 28, 1962

Death occurred at

6:30a

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.M. A. Gould DO

22b. ADDRESS

Iberia Mo

22c. DATE SIGNED

5/29/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

5-31-1962

23c. NAME OF CEMETERY OR CREMATORY

Union Cemetery

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

Iberia (rural) Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Scrivner-Stevinson Iberia, Mo.

25. DATE RECD. BY LOCAL REG.

May 29-1962

26. REGISTRAR'S SIGNATURE

Jessie Perkins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JUN 7 1962

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 Jay L. Stevenson, Student Embalmer No. 654  
working under my personal supervision.

Student Jay L. Stevenson  
Signature of Student Embalmer

Signed J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stoner 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.