

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028146

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

277

Primary Registration District No.

5949

Registrar's No.

43

FILED JUL 19 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bowling Green		c. CITY OR TOWN Bowling Green	
Length of stay in 1b 3 days		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi. west, RFD # 1		d. STREET ADDRESS (If outside, give location) Mae Street	
3. NAME OF DECEASED (Type or print) First CAROL Middle DECK Last ABBOTT		4. DATE OF DEATH Month July Day 8 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-24-1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Resturant	
11. BIRTHPLACE (City and state or country) Pike County, Mo.		12. CITIZEN OF WHAT COUNTRY US	
13a. FATHER'S NAME Jessie Abbott		13b. MOTHER'S MAIDEN NAME Bettie Hagood	
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. 515 10 5875	
17. INFORMANT Mildred Grote		Address Bowling Green, 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 DUE TO (b) PROGRESSIVE STENOSIS OF CORONARY ARTERIAL LUMEN DUE TO (c) PROGRESSIVE HYPERTROPHY & CORONARY ARTERIOSCLEROSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). CHRONIC MYOCARDIAL DEGENERATION WITH CARDIAC ARRHYTHMIA		INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE APPROX. 5 YEARS. APPROX. 5 YEARS.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) - ILLNESS	
20c. TIME OF INJURY Hour - a.m. - p.m. -		20f. CITY, TOWN, OR LOCATION Bowling Green, Missouri	
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.) AN ILLNESS	
21. I attended the deceased from APRIL - 19 - 1958 to 7/6/1962 and last saw him alive on 7/6/1962 (3:15 AM) P.S.T.		22a. SIGNATURE (Degree or title) Ralph H. Hayden S.O.	
22b. ADDRESS 519 W. Main St. Bowling Green, Mo.		22c. DATE SIGNED 7/10/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 11-62	
23c. NAME OF CEMETERY OR CREMATORY Indian Creek Cemetery		23d. LOCATION (City, town, or county) (State) Louisville, Mo.	
24. FUNERAL DIRECTOR J.O. Mudd		25. DATE RECD. BY LOCAL REG. July 11, 1962	
26. REGISTRAR'S SIGNATURE Maiden E. Williams			

(Licensed Embalmers' Statement on Reverse Side)

Burial permit issued
July 16, 1962

Maudie E. Williams
Local registrar

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

James C. Mudd

Licensed Embalmer No. 4152

P. O. Address

Baumling Green, 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.