

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031837

STATE FILE NUMBER

Registration District No. 217 Primary Registration District No. 5786 Registrar's No. 63

DO NOT WRITE ON THIS STUB
 AMENDED
 VS 300 Rev. 4/59
 2/6/76
 28160
 3
 4 0
 5 3
 6
 7 1
 8 2
 9 X
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 11 067
 12 91-3
 13 1-0
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DATE AMENDED
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ
 USE BLACK INK OR TYPEWRITER RIBBON

FILED SEP 4 1962	
1. PLACE OF DEATH a. COUNTY Mississippi b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ohio Length of stay in 1b 1 Hr c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 Mile W..of Wyatt., Mo.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kentucky b. COUNTY Mc Cracken c. CITY OR TOWN Paducah, Ky d. STREET ADDRESS (If outside, give location) Rt # 2 Paducah, Ky Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last George Willis Abbott.	
4. DATE OF DEATH Month Day Year 8 26 62	
5. SEX Male	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	
8. DATE OF BIRTH 8/21/62 9. AGE (last birthday) 58	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian of School	
10b. KIND OF BUSINESS OR INDUSTRY Humphreys Co., Tenn.	
11. BIRTHPLACE (City and state or country) USA	
12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Will Abbott	
13b. MOTHER'S MAIDEN NAME Fannie Dunn	
14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
17. INFORMANT Address Lucille Abbott, Paducah, Ky	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed Skull and Chest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown INTERVAL BETWEEN ONSET AND DEATH Instant	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) Auto Accident Highway 60 one mile west of Wyatt, Mo. Jet. Car ran head on into a car driven by Don Johnson both drivers were killed.	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. _____	
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 After death as Coroner and last saw ^{her} him alive on _____ Death occurred at 1:30 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Edgar McMillan Coroner	
22b. ADDRESS Charleston, Missouri	
22c. DATE SIGNED 8/27/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 8/28/62	
23c. NAME OF CEMETERY OR CREMATORY Paducah	
23d. LOCATION (City, town, or county) (State) Paducah, Ky	
24. FUNERAL DIRECTOR ADDRESS Mc Mickle Charleston, Mo.	
25. DATE RECD. BY LOCAL REG. 8-27-62	
26. REGISTRAR'S SIGNATURE Dorothy B. Hathorn	

Contract record
8-27-62

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 Elgin McMillan

Licensed Embalmer No. 4695

P. O. Address Charleston, MS

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.