

Dr. G. Farthing
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034330

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2002 Registrar's No. 1435A

STATE FILE NUMBER

FILED OCT 1 1962

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY GREENE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD | | c. CITY OR TOWN SPRINGFIELD | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DAVIS REST HOME | | d. STREET ADDRESS (If outside, give location) 1209 N. JEFFERSON | |
| 3. NAME OF DECEASED (Type or print) First KATE Middle SEANOR Last ABBOTT | | 4. DATE OF DEATH Month SEPT. Day 22 Year 1962 | |
| 5. SEX FEMALE | 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 1-12-71 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) 91 |
| 11. BIRTHPLACE (City and state or country) LaParte, Iowa | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME John Seanor | | 13b. MOTHER'S MAIDEN NAME Clorissa Wilder | |
| 14. NAME OF HUSBAND OR WIFE A.S. ABBOTT (DEC.) | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. NO | | 17. INFORMANT JOHN S. ABBOTT, SPRINGFIELD, 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) Cerebral Thrombosis | | | INTERVAL BETWEEN ONSET AND DEATH 6 days |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture R. femoral neck | | | 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 |
| 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 10:30 a.m. p.m. Month, Day, Year Dec 1958 to Sept. '62 | | | |
| 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 Dec 1958 to Sept. '62 and last saw her alive on Sept. 21, 1962 Death occurred at 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Gene Farthing (Degree or title) M.D. | | 22b. ADDRESS 1636 S. Glenstone Springfield, Missouri | |
| 22c. DATE SIGNED | | 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | |
| 23b. DATE 9-24-62 | | 23c. NAME OF CEMETERY OR CREMATORY MAPLE PARK | |
| 23d. LOCATION (City, town, or county) SPRINGFIELD, MO. | | (State) | |
| 24. FUNERAL DIRECTOR H.H. LOHMEYER FUNERAL HOME | | 25. DATE RECD. BY LOCAL REG. 9-25-62 | |
| 26. REGISTRAR'S SIGNATURE Effie B. Meeten | | | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

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Rev. 4/59

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OCT 1 1962

permit 9-22-62

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 Lucian T. Swalley

Licensed Embalmer No. 4815

P. O. Address Springfield, 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.