

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041922

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 59

Primary Registration District No. _____

Registrar's No. 185

FILED NOV 20 1962

1. PLACE OF DEATH

a. COUNTY

Cass

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

Mt Pleasant Township

Length of stay in 1b

Approx 6 1/2 Hr

c. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital, give location)328th USAF Hospital
Richards-Gebaur AFB, Mo

Inside Limits

Yes ☐ No ☒

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

a. STATE

Missouri

b. COUNTY

Cass

c. CITY

OR

TOWN

Richards-Gebaur AFB, Mo.

Inside Limits

Yes ☐ No ☒d. STREET ADDRESS
(If outside, give location)

6902B Mitchell Avenue

Reside on Farm

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

First

Middle

Last

Charles

Ronald

Abbott

4. DATE OF DEATH

Month

Day

Year

November

10

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Feb 23, 44

9. AGE (last birthday)

18

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)

Student

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Corpus Christie, Tex

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Benjamin Burl Abbott Sr

13b. MOTHER'S MAIDEN NAME

Imogene Lorean Blanton

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

None

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT

Benjamin B. Abbott, 6902B Mitchell Avenue

Richards-Gebaur AFB, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Laceration of Brain

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

DUE TO (b)

Skull Fracture

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.)

While driving privately owned vehicle west on Highway 58, 3/4 mile west of Holmes Road, Patient apparently lost control of vehicle and struck two

20c. TIME OF INJURY
Hour 9:50
Month, Day, Year Nov 30, 6220d. 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.)

3/4 mile west Holmes Road

20f. CITY, TOWN, OR LOCATION

Belton

COUNTY

Cass

STATE

Mo.

21. I attended the deceased from 10 November 1962 to 10 November 62 and last saw him alive on NA

Death occurred at 4:29 AM

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

22a. SIGNATURE

Glenn Cummins, Cass County Coroner

22b. ADDRESS

Harrisonville, Missouri

22c. DATE SIGNED

11-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11/12/1962

23c. NAME OF CEMETERY OR CREMATORY

Belton Cemetery

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

Belton, Mo.

24. FUNERAL DIRECTOR

E. K. George & Sons, Inc

ADDRESS

Belton, Mo. 11-14-62

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Per Robert J. Sebra

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0193

2 0193

3

4 0

5 0

6

7 1

8 2

9 X

10

11 019

12 91-3

13 2-0

2961 12 NOV 21 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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Richard E. George

Licensed Embalmer No. 3958

P. O. Address Belton, 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.