

Dr. TURNER

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046492

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 128Primary Registration District No. 200Registrar's No. 1859A

FILED JAN 2 1963

## 1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN SPRINGFIELDLength of stay in 1b  
50 YRS.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 701 E. CATALPAInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY GREENE

c. CITY OR TOWN SPRINGFIELD

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
701 E. CATALPAReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

MARY

Middle

KERR

Last

ABBOTT

4. DATE OF DEATH

Month DEC.

Day 15

Year 1962

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7/12/03

## 9. AGE (last birthday)

59

## IF UNDER 1 YEAR

Months

Days

Hours Min.

## IF UNDER 24 HR

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)  
GALLOWAY, MO.12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

HOMER L. KERR

## 13b. MOTHER'S MAIDEN NAME

MAMIE GREEN

## 14. NAME OF HUSBAND OR WIFE

JOHN SEANOR ABBOTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
NO16. SOCIAL SECURITY NO.  
NO17. INFORMANT Address  
JOHN SEANOR 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) MEASLES, CHLORIC, DUE TO  
UNDETERMINED CAUSE

## INTERVAL BETWEEN ONSET AND DEATH

3 YEARS

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)

RHEUMATIC HEART DISEASE, INTERIUS.

## 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 INJURY

Hour 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 7-26-57 to 12-15-62 and last saw him alive on 12/14/62.  
Death occurred at 3:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Glenn O. Turner

## 22b. ADDRESS

M.D. 609 Cherry-Springfield, Mo. 12-28

## 22c. DATE SIGNED

62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
BURIAL

## 23b. DATE

12-18-62

## 23c. NAME OF CEMETERY OR CREMATORY

Maple Park Cemetery

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

Springfield, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

H.H. LOHMEYER FUNERAL HOME  
SPRINGFIELD, MO.

## 25. DATE RECD. BY LOCAL REG.

12-26-62

## 26. REGISTRAR'S SIGNATURE

Effie S. Melton

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/5903970397

3

4

5

6

7

8

9340.3

10

11

1290-0

13

Glenn O. Turner  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

JAN 2 1963

MAR 13 1963

Permit

Dec 18, 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 William T. Shadley

Licensed Embalmer No. 1875

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.