

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 309A

STATE FILE NUMBER

FILED MAR 11 1963

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Springfield</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hendley Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1330 East Cherry</u>	

3. NAME OF DECEASED (Type or print) First <u>Mabel</u> Middle <u>J.</u> Last <u>Abbet</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>24</u> Year <u>1963</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>8/28/1885</u>	9. AGE (last birthday) <u>77</u>	10. IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Greene Co. Missouri</u>	
13a. FATHER'S NAME <u>R.S. Roberts</u>		13b. MOTHER'S MAIDEN NAME <u>Lulu King</u>		14. NAME OF HUSBAND OR WIFE <u>Lafayette</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>1439 So. Jefferson</u> <u>M.S. Roberts, Springfield, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia, pneumococcal</u> DUE TO (b) <u>Chronic emphysema</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
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 ☐ Unknown	

19. 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 <u> </u> a.m. <u> </u> p.m. <u> </u>	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 <u>Springfield</u>	
20g. COUNTY <u>Greene</u>		20h. STATE <u>Missouri</u>	
21. I attended the deceased from <u>June 1962</u> to <u>Feb 24, 63</u> and last saw her alive on <u>Feb 24, 1963</u> Death occurred at: <u>12:15 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Louis S. Jail</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>1500 E. Sunshine Springfield</u>	
22c. DATE SIGNED <u>3-5-63</u>		22d. LOCATION (City, town, or county) <u>Springfield, Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/27/1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Eastlawn Cemetery</u>		23d. LOCATION (City, town, or county) <u>Springfield, Missouri</u>	
24. FUNERAL DIRECTOR <u>Chapel of the Ozarks</u>		25. DATE RECD. BY LOCAL REG. <u>3-8-63</u>	
24a. ADDRESS <u>1147 So. Glenstone, Springfield, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>	

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

PPES
CPWA

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Print 2-25-63

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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

Harmon B. Lab

Licensed Embalmer No.

5159

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.