

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023249

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

827

FILED JUL 15 1963

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
Length of stay in lb 3 years		Inside Limits Yes No ☐	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Methodist Hospital		d. STREET ADDRESS (If outside, give location) 6211 1/2 Grant	
3. NAME OF DECEASED (Type or print) First JAMES Middle J. Last ABBOTT		4. DATE OF DEATH Month June Day 18 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 10/25/1891
9. AGE (last birthday) 71		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	
11. BIRTHPLACE (City and state or country) Paris, Kentucky		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME: James Abbott		13b. MOTHER'S MAIDEN NAME Carrie unknown	
14. NAME OF HUSBAND OR WIFE Grace		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 497-42-9978		17. INFORMANT Mrs. Grace Abbott, 6211 1/2 Grant, St. Joseph, 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) Acute Coronary Occlusion DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH sudden 1 yr 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 4:30 a.m. 6/18/63 Month 6 Day 17 Year 1963
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 St. Joseph, Missouri			COUNTY Missouri STATE Missouri
21. I attended the deceased from 7/25/58 to 6/18/63 and last saw her alive on 6/17/63 Death occurred at 4:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Degree or title) Sharon S. Woggon M.D.
22b. ADDRESS 301 Illinois Ave			22c. DATE SIGNED 7/9/63
23a. BURIAL, CREMATION, REMOVAL (Specify) burial			23b. DATE 6/20/1963
23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cemetery			23d. LOCATION (City, town, or county) (State) Weston Missouri
24. FUNERAL DIRECTOR Weston-Bowman, St. Joseph, Mo.			25. DATE RECD. BY LOCAL REG. July 12, 1963
26. REGISTRAR'S SIGNATURE Wm. Clark Goodell			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

S.E. Woggon M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

018830-00M

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FILED JUL 12 1969

2117
2118

0084

0-8

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 314 So 10th, St Joseph, 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.