

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028864

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 157

Primary Registration District No. 4248

Registrar's No. 136

STATE FILE NUMBER

FILED JUL 16 1963

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sarcoxie		c. CITY OR TOWN Reeds	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 117 S. 5th.		d. STREET ADDRESS (If outside, give location) Route # 1	
3. NAME OF DECEASED (Type or print) First John Middle Elmer Last Abram		4. DATE OF DEATH Month July Day 8 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-15-1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (City and state or country) Newton Co., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Stephen R. Abram		13b. MOTHER'S MAIDEN NAME Margaret E. Alburty	
14. NAME OF HUSBAND OR WIFE Eva Stroup Abram		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. 493-16-8064		17. INFORMANT Mrs. John E. Abram, Reeds #1, 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) Cardiovascular collapse. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Pulmonary edema. DUE TO (c) Arteriosclerotic heart disease.			INTERVAL BETWEEN ONSET AND DEATH 30 min. 22 years
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. <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 9 a.m. Month, Day, Year 7/1/63	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 Sarcoxie, Mo.	
21. I attended the deceased from 7/1/63 to 7/8/63 and last saw him alive on 7/8/63 Death occurred at 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) James H. Hoogler D. O.	
22b. ADDRESS Sarcoxie, Mo.		22c. DATE SIGNED 7-9-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-10-63	23c. NAME OF CEMETERY OR CREMATORY SARCOXIE CEMETERY	
23d. LOCATION (City, town, or county) SARCOXIE, MO.		23e. DATE RECD. BY LOCAL REG. 7-10-63	
24. FUNERAL DIRECTOR Ulmer-Moss Funeral Home, Sarcoxie, Mo.		26. REGISTRAR'S SIGNATURE My Christa	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 Edwin E. Thuer

Licensed Embalmer No. 4955

P. O. Address Carthage 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.