

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029055

STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 213

FILED JUL 31 1963

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY LAWRENCE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN AURORA		Length of stay in 1b 2 DAYS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AURORA HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JACK LEONARD ABBOTT		4. DATE OF DEATH Month JULY Day 25 , Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/23/63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY INFANT	11. BIRTHPLACE (City and state or country) AURORA, MISSOURI
13a. FATHER'S NAME MICKEY ABBOTT		13b. MOTHER'S MAIDEN NAME RUBY WISE	
14. NAME OF HUSBAND OR WIFE *****		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of serv.) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT MICKEY ABBOTT: AURORA, 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) <i>Acute Respiratory failure 24hrs</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Hypoxia membrane</i> DUE TO (c) <i>Obstructed</i>		INTERVAL BETWEEN ONSET AND DEATH	
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 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 _____ a.m. _____ p.m. Month, Day, Year _____		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 COUNTY STATE	
21. I attended the deceased from <i>birth</i> to <i>7-25-67</i> and last saw <i>him</i> alive on <i>7-25-67</i> Death occurred at <i>gib</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D.		22b. ADDRESS <i>[Address]</i>	
22c. DATE SIGNED <i>[Date]</i>		22d. LOCATION (City, town, or county) (State) AURORA, MO.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7/26/63	23c. NAME OF CEMETERY OR CREMATORY MAPLE PARK CEMETERY	23d. LOCATION (City, town, or county) (State) AURORA, MO.
24. FUNERAL DIRECTOR ARNOLD'S FUNERAL HOME: AURORA, MO		25. DATE RECD. BY LOCAL REG. 7-25-63	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0551

2 0551

3

4 0

5 0

6

7 0

8 0

9 773.0

10

11

12 1-0

13 6-0

USE BLACK INK OR TYPEWRITER RIBBON

DR. MC CALLUM - M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 *Erwin Perwald*

Licensed Embalmer No. 4929

P. O. Address Aurora

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.