

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18700**BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry		
b. CITY OR TOWN Clinton		c. LENGTH OF STAY (in this place) 1 1/2 weeks	c. CITY OR TOWN Clinton Clinton Township		d. STREET ADDRESS Clinton Township
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hospital			d. STREET ADDRESS (If rural, give location) Clinton Township		
3. NAME OF DECEASED (Type or Print) Mary Cecelia Abraham		a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 6-26-1954
5. SEX Female	6. COLOR OF RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 12-25-1891	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Manchester Iowa		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Joseph Loughamane		13b. MOTHER'S MAIDEN NAME Atelia Fisher		14. NAME OF HUSBAND OR WIFE Paul Abraham	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Paul Abraham		ADDRESS Clinton Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 1 YR
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA COLON	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X				

19a. DATE OF OPERATION 1953	19b. MAJOR FINDINGS OF OPERATION CARCINOMA COLON & METASTASIS		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **1952**, to **6-26**, 1954, that I last saw the deceased alive on **6-9-54**, 1954, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hugh B. Walker, MD		23b. ADDRESS Clinton, Mo		23c. DATE SIGNED 6-28-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-28-1954	24c. NAME OF CEMETERY OR CREMATORY Congwood cemetery	24d. LOCATION (City, town, or county) (State) Henry Co Mo	
DATE REC'D BY LOCAL REG June-28-54	REGISTRAR'S SIGNATURE Florence Adair	422-0	25. FUNERAL DIRECTOR'S SIGNATURE Lubman-Dunning	ADDRESS Clinton Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
No. Student Embalmer

Signed *Robert L. Dunning*

Licensed Embalmer No. *4710*

P. O. Address *Clinton, 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 this body is not embalmed, fact should be so stated above.