

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25832

State File No.

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6208 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Tx.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Opik</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mo. Grove, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>2 wks</u>		d. STREET ADDRESS (If rural, give location) <u>1141</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>OREN</u> b. (Middle) _____ c. (Last) <u>ABRAMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 28 50</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 27 1885</u>
9. AGE (in years last birthday) <u>65</u>		IF OVER 1 YEAR Days <u>6</u>	IF UNDER 1 HR. Hours <u>1</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>General Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Carters, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Henry Abram</u>	

13b. MOTHER'S MAIDEN NAME <u>Rebecca George</u>		14. NAME OF HUSBAND OR WIFE <u>Emma</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>495-09-7829</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Emma Abrams</u>		ADDRESS _____	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year since first attack</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.		DUE TO (b) <u>Arterio-sclerosis</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	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 7-15, 1950, to 7-28, 1950, that I last saw the deceased alive on 7-28, 1950, and that death occurred at 7:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>N. R. Ray, D.O.</u> (Degree or title)	23b. ADDRESS <u>Houston, Mo.</u>	23c. DATE SIGNED <u>7-29-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>8-2-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Big Creek</u>
24d. LOCATION (City, town, or county) (State) <u>Texas, Co. Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Aug. 5 - 1950</u>	REGISTRAR'S SIGNATURE <u>Mildred Craig</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gaylord V. Elliott</u>	ADDRESS <u>Houston, Mo.</u>
---	--	--	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

070
1

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED - AUG 8 1950

Dist. File 850-954

Date Filed 8-8-50

JUL 14 1953

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 _____
Student Embalmer

Signed Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.