

FILED DEC 10 1951

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. J. R. Johnson will file
State File No. 36924

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 10431

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| 1. PLACE OF DEATH a. COUNTY GREENE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield RURAL RT. #4, CENTER TWPSP | |
| c. LENGTH OF STAY (in this place) 2 WKS | | d. STREET ADDRESS (If rural, give location) ROUTE #4 0395 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 739 S. BROADWAY | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) IRA b. (Middle) ALEXANDER c. (Last) ABBOTT | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 7, 1951 | | | |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3 | 8. DATE OF BIRTH Apr. 11, 1877 | 9. AGE (In years last birthday) 74 | 10. IF UNDER 1 YEAR Months Days | 11. IF UNDER 18 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (State or foreign country) North Missouri 0 | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME Nepoleon B. Abbott | | 13b. MOTHER'S MAIDEN NAME Martha Kelly | | 14. NAME OF HUSBAND OR WIFE ***** | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No NO | | 16. SOCIAL SECURITY NO. No | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Huldah Conus, 739 S. Broadway | |

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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-renal-vascular disease</u> | | INTERVAL BETWEEN ONSET AND DEATH 3 weeks |
| | 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. <u>Primary atypical pneumonia</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>442X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 11-27, 1951, to 12-7, 1951, that I last saw the deceased alive on 12-6, 1951, and that death occurred at 1:25a m., from the causes and on the date stated above.

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|--|------------------------------------|---|------------------------------------|
| 23a. SIGNATURE <u>J. R. Johnson</u> | (Degree or title) <u>Physician</u> | 23b. ADDRESS <u>Springfield, Mo.</u> | 23c. DATE SIGNED <u>12-7-51</u> |
|--|------------------------------------|---|------------------------------------|

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|---|------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12/10/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Eastlawn</u> | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri, Mo.</u> |
|---|------------------------------|---|--|

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| DATE REC'D BY LOCAL REG. <u>12-8-51</u> | REGISTRAR'S SIGNATURE <u>Edith Williamson</u> <u>Deputy Registrar</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HERMAN H. LOHMEYER, SPRINGFIELD</u> |
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(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
Student Embalmer

Signed *Lucian J. Swadlow*

Licensed Embalmer No. 4815

P. O. Address *Springfield*

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.