

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39266

FILED DEC 8 1952

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>5617</u>		Registrar's No. <u>68</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>KNOX COUNTY</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Fabius</u>		c. LENGTH OF STAY (in this place)		a. STATE <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Fabius</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Fabius</u>		b. COUNTY <u>KNOX</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)				d. STREET ADDRESS (If rural, give location) <u>7 miles North of Bethel, Mo</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Nora</u>		b. (Middle) <u>Belle</u>		c. (Last) <u>ABBETT</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 26 1952</u>		5. SEX <u>♀</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>April 30 1869</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>83 6 26</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Newark, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>		13a. FATHER'S NAME <u>Lewis Myers</u>		13b. MOTHER'S MAIDEN NAME <u>Hall Ringer</u>	
14. NAME OF HUSBAND OR WIFE <u>Robert M. Abbott</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Garnita Nelson Newark, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Chronic Myocardial Degeneration</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				4 yrs.	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>4222</u>			
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 <u>Mar. 1948</u> to <u>Nov 20, 1952</u> , that I last saw the deceased alive on <u>Nov 20, 1952</u> and that death occurred at <u>12:45 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ed. McGuire</u> (Degree or title)				23b. ADDRESS <u>Newark, Mo</u>		23c. DATE SIGNED <u>11/29/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>NOV 29-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEWARK CEMETARY</u>		24d. LOCATION (City, town, or county) (State) <u>NEWARK, MO</u>	
DATE REC'D BY LOCAL REG. <u>Dec 3, 52</u>		REGISTRAR'S SIGNATURE <u>Helle S. Humolt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed. McGuire</u>		ADDRESS <u>Bethel, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

[Handwritten signature]

working under my personal supervision.

Student Embalmer No.

Signed _____

[Handwritten signature: C. W. Musgrove]

Signed _____

Student Embalmer

Licensed Embalmer No. *3719*

P. O. Address *[Handwritten address]*

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.