

FILED JAN 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **1746**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. CITY OR TOWN <b>Hannibal</b>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Elizabeth's</b>		e. STREET ADDRESS (If rural, give location) <b>617 Willow St 0640</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Clinton</b> c. (Last) <b>Abbey</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>1-16-55</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>2</b>	8. DATE OF BIRTH <b>Apr. 10 - 1885</b>	9. AGE (In years last birthday) <b>69</b>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (City, kind of work done during most of working life, even if retired) <b>laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Perry, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>0</b>
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13a. FATHER'S NAME <b>Henry Abbey</b>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
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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 <b>Mr. Orala Mulls-617 Willow</b>	ADDRESS <b>Hannibal Mo</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral vascular accident</b>		<b>7 weeks</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Arterio sclerotic heart disease</b> DUE TO (c) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>1 year</b>
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 type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov. 27, 1954** to **Jan. 16, 1955**, that I last saw the deceased alive on **Jan. 16, 1955**, and that death occurred at **3 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Jan Canella M. D.</b> (Degree or title)	23b. ADDRESS <b>707 Bdwy, Hannibal, Mo.</b>	23c. DATE SIGNED <b>1-21-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Jan. 19-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Robinson</b>	24d. LOCATION (City, town, or county) (State) <b>Hannibal MO</b>
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DATE REC'D BY LOCAL REG. <b>Jan 25-1955</b>	REGISTRAR'S SIGNATURE <b>W. M. Lucke</b> 189-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>Geo. E. Roberts</b>	ADDRESS <b>Hannibal</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 28 1955

RECEIVED \_\_\_\_\_

MARION CO. HEALTH DEPT.

JAN 28 1955

DATE FILED \_\_\_\_\_

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 *Geo E Roberts*

Licensed Embalmer No. *2113*

P. O. Address *Hannibal*

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.