

FILED JAN 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3702

BIRTH NO.		REG. DIST. NO. 366		PRIMARY REG. DIST. NO. 6241		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY <i>Washington</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Washington</i>			
b. CITY OR TOWN <i>Rural Bretton</i>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>Rural Bretton</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d.. FULL NAME OF HOSPITAL OR INSTITUTION: <i>Near Potosi</i>				e. STREET ADDRESS (If rural, give location) <i>1070 Near Potosi</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Nellie</i> b. (Middle) <i>E. Abbott</i> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 3 1955</i>				
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Oct 28-1883</i>	
9. AGE (In years last birthday) <i>70</i>		IF UNDER 1 YEAR Months <i>2</i> Days <i>4</i>		IF UNDER 1 HR. Hours <i></i> Min. <i></i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>own home</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>New Albany Indiana</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Frank Nettler</i>			13b. MOTHER'S MAIDEN NAME <i>Margaret Roberts</i>		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) <i>No.</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Tony Jeffers Warton Mo.</i>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Anemia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Postpartum Toxemia</i> DUE TO (c) <i>Cerebral Decalcium</i> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <i>Jan</i>		19b. MAJOR FINDINGS OF OPERATION <i>None</i>					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 <i>No</i> , 19___, to <i>No</i> , 19___, that I last saw the deceased alive on <i>No</i> , 19___, and that death occurred at <i>4:40 P. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Samuel Sasser D.D.</i>				23b. ADDRESS <i>Potosi, Mo.</i>		23c. DATE SIGNED <i>1/3/54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>1-5-55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Maroon Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Potosi Mo.</i>	
DATE REC'D BY LOCAL REG. <i>1-5-55</i>		REGISTRAR'S SIGNATURE <i>Hydrunt Givall</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Mr. Luther Spack Potosi Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 11 1933

WASH. COUNTY HEALTH

No. _____

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 *Murphy L. Sparks*

Licensed Embalmer No. *435*

P. O. Address *Hart River*

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.