

FILED MAY 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19431**

BIRTH NO. _____		REG. DIST. NO. 378		PRIMARY REG. DIST. NO. 6286		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY WRIGHT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WRIGHT			
R. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WOOD TOWNSHIP		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN MIN GROVE		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				e. STREET ADDRESS (If rural, give location) Wood Twp 1140			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM			b. (Middle) L.		c. (Last) McABBISTER		4. DATE OF DEATH (Month) (Day) (Year) 5-9-1956
5. SEX MALE		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN 19-1879		9. AGE (In years last birthday) 77	10. IF UNDER 1 YEAR Months 3 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (City and State or Foreign Country) WINDSOR, ILL.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME JAMES McABBISTER			13b. MOTHER'S MAIDEN NAME SARAH Young		14. NAME OF HUSBAND OR WIFE Nebbie McABBISTER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME Nebbie McABBISTER			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably coronary occlusion					INTERVAL BETWEEN ONSET AND DEATH
		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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201					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) (m.)		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 5-9 , 19 56 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Frank Stahl			(Degree or title) coroner		23b. ADDRESS Min Grove Mo		
23c. DATE SIGNED 5-10-56							
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-12-56	24c. NAME OF CEMETERY OR CREMATORY KNOBNOSEX		24d. LOCATION (City, town, or county) (State) KNOBNOSEX MO		
DATE REC'D BY LOCAL REG. 5-12-56		REGISTRAR'S SIGNATURE A.B. Ames		25. FUNERAL DIRECTOR'S SIGNATURE Stahl, Willie			
				ADDRESS Min Grove Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

Date Filed

MAY 19 1930

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



Licensed Embalmer No. 414

P. O. Address *W. H. Seale*

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.