

FILED AUG 14 1956

STANDARD CERTIFICATE OF DEATH

State File No. **22734**

BIRTH NO. _____ REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **5055** Registrar's No. **89**

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Barry	
b. CITY OR TOWN Cape Creek Township		c. CITY OR TOWN Cape Creek Township	
c. LENGTH OF STAY (in this place)		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 4 mile South E. of Pulaski		STREET ADDRESS (If rural, give location) 4 mile South E. of Pulaski	
3. NAME OF DECEASED a. (First) KATE (Type or Print)		b. (Middle) ABRAMOVITZ	
c. (Last)		4. DATE OF DEATH 8-2-1956 (Month) (Day) (Year)	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 9, 1874
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR: Months 10 Days 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Poland		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Joe Abram		13b. MOTHER'S MAIDEN NAME not known	
14. NAME OF HUSBAND OR WIFE Frank Abramovitz		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Frank Abramovitz Jr. Barry Mo	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pernicious anemia 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. Chronic nephritis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH Unknown		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) 2900		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 3-27, 1934 , to 7-30, 1936 , that I last saw the deceased alive on 7-30, 1936 , and that death occurred at 11:00 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Charles Moore (Degree or title)		23b. ADDRESS Po? Peese City Mo	
23c. DATE SIGNED 8-2-56		23d. DATE	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 4, 1956	
24c. NAME OF CEMETERY OR CREMATORY St. Peter Pauls		24d. LOCATION (City, town, or county) (State) Barry County	
DATE REC'D BY LOCAL REG. 8-4-56		REGISTRAR'S SIGNATURE Mrs. P.D. Cook	
FUNERAL DIRECTOR'S SIGNATURE Wilho Barb		ADDRESS Peese City Mo	

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

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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 856-133

DATE REC. 8-7-56

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, Edwin Wilks, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 4131

P. O. Address Pince City

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.